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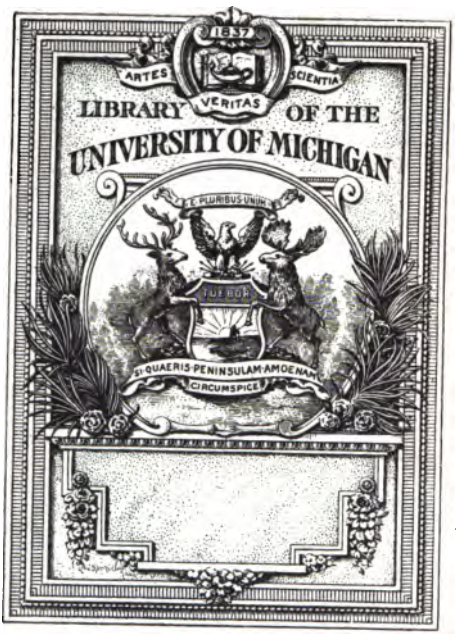
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TRANSACTIONS

OF THE

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THIRTIETH ANNUAL MEETING

OF THE

Ohio State Medical Society

HELD AT

PUT-IN-BAY,

June 15th, 16th and 17th, 1875.

CINCINNATI:
A. H. POUNSFORD & CO., PRINTERS, 9 & 11 WEST FOURTH STREET.
1875.

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ERRATA.

MINUTES.—Page 5, for "Morning Session," read, Afternoon Session.

Page 23, third line from top, for "moved" read, moves.

PRESIDENT'S ADDRESS—Page 33, second paragraph, third line from the top, for "One measure," read, Our measure.

Page 34, second paragraph, tenth line from the top, for "of tariffs," read, or tariffs.

Page 41, second paragraph, third line from the top, for "you know," read, now known.

Third paragraph, second line from top, for "enlightments," read, enlightenment.

Page 43, second paragraph, sixth line from the bottom, for "civilization in spite," read, civilization for their decendents in spite.

Page 44, second paragraph, third line from bottom, for "victors," read, victor.

Dr. W. T. Ridenour's Paper, page 48, second line from bottom, first paragraph, for "*similius*," read, *similibus*.

Page 49, third paragraph, sixth line from the bottom, for "doctrines of empirics," read, doctrines of the empirics.

Same paragraph, first line from bottom, for "botanies," read, botanics.

Page 50, third paragraph, third line from the top, for "philosophy," read, physiology.

Page 51, fourth line from top, for "opportunity," read, effrontery.

Page 52, third paragraph, second line from top, for "Asclepiacles," read, Asclepiades.

Page 54, second paragraph, first line, for "We insist that there is no occasion for sects in medicine," read, We insist that there is no occasion for, that there should be no sects in medicine.

Same page, second paragraph from bottom, last line, for "mode," read, modes.

Dr. W. W. Seely's Paper, page 58, last paragraph, third line from bottom, for "being sufficient," read, being quite sufficient.

Page 59, second paragraph, fourth line from bottom, read, a syphilitic history.

Same paragraph, last word, read, faradic.

Dr. P. S. Conner's Paper, page 66, tenth line from bottom, for "aspired," read, aspirated.

Third line from bottom, for "urethral nut," read, urethral rent.

Dr. W. J. Scott's Paper, page 100, sixth line from bottom of page, for "source," read, cause.

Page 102, fourth paragraph, for "diseases," read, disease.

Page 102, seventh line from bottom of page, for "common," read, liable.

Page 104, last paragraph, third line from the top, for "physiological," read, pathological.

Dr. L. R. Longworth's Paper, page 124, seventh line from the top, for "lichenvides," read, lichenoides.

Same page, for "s. purpurans," read, P. purpurans.

Page 128, eighteenth line from the bottom, for "chronic diseases," read, chronic disorders.

Page 130, second paragraph, sixth line from the bottom, for "peel," read, feel.

Dr. E. Williams' Paper, page 139, fifth line from bottom, for "see," read, s n.

Same page, second line, for "see," read, s n.

DISCUSSION ON DR. WILLIAMS' PAPER.—Page 142, to the last line of the first paragraph add, after the word eye, as well.

Page 143, third line from bottom of first paragraph, for "then stop the blood," read, thus stop the blood.

Page 144, sixth line from top, for "conjunctuitus," read, conjunctivitis.

Dr. C. E. Beardsley's Paper, page 152, eighth line from bottom, for "symptoms disappeared," read, symptoms suddenly disappeared.

Page 154, ninth line from the top, for "glands," read, glandis.

Dr. W. C. Chapman's Paper, page 173, eighth line from top, for cousative of this, read, cousative agents of this.

Same page, sixteenth line from top, for "issuing," read, arising.

Page 175, fifth line from the bottom of the page, for "performed," read, preformed.

Page 180, fifth line from top, for "arteries," read, arterioles.

Dr. W. J. Scott's Paper, page 188, eleventh line from the top, for "sexual," read, sensual.

Page 189, second paragraph, fifth line from the top, for "their," read, these.

Same page, second line from bottom, read, for the patient, instead of "to the patient."

Page 191, sixth line from the bottom, for "to this," read, to these.

THIRTIETH ANNUAL MEETING

OF THE

Ohio State Medical Society,

HELD AT

PUT-IN-BAY, JUNE 15th, 16th and 17th, 1875.

FIRST DAY.

MORNING SESSION.

THE Society met at the Put-in-Bay House, at 2 o'clock P.M.

Dr. H. J. Herrick, of Cleveland, retiring President, called the meeting to order, and introduced Dr. W. W. Jones, President elect.

Rev. G. W. Collyier, then offered prayer.

Vice Presidents, Drs. A. C. McLaughlin, C. P. Landon and E. W. Howard, were then invited and took seats on the stand.

Drs. J. W. Hadlock and E. Jennings, Secretaries, were present and entered upon the discharge of their duties.

ADDRESS OF WELCOME AND REPORT OF EXECUTIVE COMMITTEE.

Dr. A. H. Agard, Chairman of the Executive Committee, then read an address of welcome, together with the report from the Committee on Arrangements.

ADDRESS OF WELCOME.

MR. PRESIDENT,

And gentlemen of the O. S. M. S.:

On behalf of your Executive Committee, and in the absence of a resident profession on Put-in-Bay Island, it becomes my pleasant duty to offer you, at this time, the usual words of annual greeting. By the terms of your adjournment at Toledo, one year ago, you are this day convened upon an Island, removed alike from the bustle of the city, and the heated breath of the country. Gathered as you are, at this time, beyond the reach of all large centres of population, you have nothing offered to you in the way of entertainment, that will be in keeping with the kind, considerate and many times, most elaborate preparations, so often made for you by the cities of the State where you have met in other years. In their stead, we proffer you the charms of this Island retreat—the placid bay; the blue expanse of the lake beyond, with its wealth of scenery; the cool quiet of the day; the stillness of the night, hushed into deeper stillness by the music of the ever restless ripple on the beach; and we tender you that peace and rest that steals in unseen, and mantles all, and permeates the whole being, whenever we leave all care behind—cast off our restless moods, and steal outside of the jar and throb of the noisy pulsating world—to all this we welcome you.

You meet here to-day as representative members of a noble and well accredited profession. You are gathered from all points of a State, that stands high in professional renown, for work done in other years by worthy members; some of whom still meet with us from year to year, while others have gone to enjoy that rest which comes to him only who has done well his part.

But the laurels of past endeavors are not all that gives your State a professional reputation, for the character of your present and prospective membership, gives promise of still nobler achievements for the future. The field is still open before you; there is still labor for all to do. Prompted by the memory of those who have left a worthy example; stimulated by a laudable ambition to do well your part, you are here to

engage together in the labors awaiting for to-day. We welcome you to the re-union of the occasion, and to the field that is ripe before you.

Gentlemen, we meet here to-day upon hallowed ground, environed by consecrated waters; upon ground rendered immortal in history by successful deeds of heroism, done in a noble cause; deeds so far-reaching, that we, living a half century away, and in the full enjoyment of their fruits, can scarcely appreciate their worth to the country, which they largely helped to develop; their worth to the cause of civil liberty, which they served to establish, both here and abroad, will be acknowledged with feelings of gratitude, while we have a country, and will be recognized by patriotism everywhere, so long as oppression is known, and there are found patriots to resist its encroachments. It should draw out aspirations for the development of a truer manhood; strengthen and ennoble the purposes of life, and elevate all its aims to stand here on this hallowed spot, so sacred to the cause of our national independence, and nurse in the heart, the memory of the heroes, who so struggled here for the right, that their achievements became a bright epoch in our nation's history, and threw an unfading halo of glory over all these charmed and enchanting surroundings. Again we welcome you, to the inspirations of the place and the occasion. May they so strengthen each and all, that in every future contest of life, whether in medicine or morals, we may be able to do successful battle, and send to our superiors in command, the laconic announcement: "We have met the enemy and they are ours."

REPORT OF THE EXECUTIVE COMMITTEE.

MR. PRESIDENT:

Your Committee beg leave to submit the following:

Through the liberality of the proprietors of the Put-in-Bay House, the society will be furnished the use of this hall, and such other rooms, as the convenience of the society may need, free of charge!

Committee-rooms have been selected, stationery has been provided, and such other arrangements have been made as

seemed necessary to render your sessions pleasant and profitable. No little difficulty was experienced in fixing a time for holding this Annual Meeting of the society. Your adjournment fixed the time for the second Tuesday in June; but this so conflicted with previous arrangements, that we had either to change the time, or the place of meeting, and a postponement of one week was determined upon and published. Efforts to arrange with the railroads of the State for a reduction of rates to delegates and members, soon developed the fact that no general terms could be reached. The B. & O.; the C. S. & C.; the Dayton & Mich.; the T. W. & W.; and perhaps some others replied that they were issuing round trip tickets to the Island at excursion rates; and they were as low as they could afford to offer. So far as Delegates are situated so as to avail themselves of these tickets, they will be found as cheap as the old half-fare arrangements, and much more convenient. Fearing, lest the change in time of holding the session, and the change in the usual mode of securing a reduction in fare, might not be generally understood, and that many at a distance might not know just how to reach an Island, situated twenty miles out in the lake, a postal card circular was sent to all the members and some others, giving such information as could be conveyed in that way.

Your Committee would recommend the following order of business:

The regular hour of meeting for the daily sessions, shall be at 9 o'clock A. M., and 2 o'clock P. M.

The call of business for each daily session, shall be as follows:

1. Reading the minutes of the previous session.
2. Report of the Committee on admissions and election of new members.
3. Report from officers of the society.
4. Unfinished business that has not been made a special order.
5. Reports of Standing Committees.
6. Reports from Special Committees.

7. Volunteer Papers.
8. Miscellaneous business.

The election of officers shall be made a special order for 2 o'clock, P. M., Thursday. The address of the President shall be made a special order for 3 o'clock Wednesday, or to follow the completion of the election of officers if not completed before 3 o'clock. Your committee would further suggest that the evenings be provided for as follows: Tuesday evening, an informal re-union in the hall or the parlors of the Put-in-Bay House. Wednesday evening, a public lecture in the hall from 8 to 9 o'clock; after this, if the society so determine, a moon-light boat ride. The Gazelle —Capt. Brown—will be at the dock in front of the hotel, furnished with a string-band, provided the society feel disposed to treat themselves to a ride. Arrangements can be made with the Captain before the hour, or a small fare, per capita will be collected on the boat, as the society may decide. The boat will be ready to leave at 9:30, and if the lake is pleasant, may be out two hours, but if rough will return earlier.

Thursday evening, a public lecture in the hall at 8 o'clock, after which it is suggested that there be a lunch served in the dining-hall, with impromptu toasts and speeches. If this is approved some provision should be made early by the society for the lunch.

Requests having been made that the society employ a reporter—in short hand—and the matter being brought to the attention of your committee, we, after giving the proposition due attention, decided we would not incur the expense without a vote of the society. The reasons urged, in favor of having the debates reported in the minutes, have much force, and should receive the attention of the society at once; and as there is a competent reporter present on the Island, who can be had if needed, we would suggest the propriety of introducing a resolution that will determine the wishes of the society at an early hour. We understand the expense will be $10.00 per day. All of which is respectfully submitted.

A. H. Agard,
H. J. Dunahoe,
W. J. Scott,

Executive Committee.

DR. J. B. THOMPSON moved the report be so amended as to have the election of officers on Wednesday, at 2 o'clock, P. M., and President's address read immediately thereafter, instead of Thursday, as recommended in the report. *Carried.*

OFFICIAL REPORTER EMPLOYED.

DR. T. A. REAMY moved a short-hand reporter be employed, as suggested by the Executive Committee. *Carried.*

REPORT OF COMMITTEE ON PUBLICATION.

DR. J. W. HADLOCK made the following report:

To printing 500 copies of the Transactions	$626 75
" 600 Postal Cards and Circulars	7 50
Total	$634 25

Report referred to Committee on Finance.

REPORT OF COMMITTEE ON MEDICAL SOCIETIES.

DR. W. T. RIDENOUR, from Committee on Medical Societies, reported in favor of the "*Cincinnati Medical Society*" and the "*Academy of Medicine, of Cincinnati,*" being admitted as auxiliary societies. On motion, they were admitted as such.

FILLING UP COMMITTEES.

DR. W. B. DAVIS said but two members of the Committee on Admissions were present, and moved that it be filled up to the required number, which was done, by the President appointing the following gentlemen on the committee: W. J. Scott, E. H. Hyatt, and C. E. Beardsley.

The following named gentlemen were appointed to fill up the Committee on Finance: D. D. Bramble, W. H. Phillips, and S. S. Forbes.

VISITING DELEGATES.

DR. J. F. NOYES, from the *Michigan State Medical Society* presented his credentials, and was admitted as a delegate.

TREASURER'S AND LIBRARIAN'S REPORTS.

DR. S. S. GRAY, Treasurer, made his annual report, as follows:

Amount collected from June 15, 1874, to June 15, 1875	$825 75	$838 85
Amount disbursed during same period	838 85	825 75
Leaving the Society in debt to the Treasurer		$13 10

DR. GRAY then read the annual report of the Librarian, showing that there are 1,495 volumes in the Library.

On motion, the reports were referred to Committee on Finance.

REPORT FROM COMMITTEE ON ADMISSIONS.

DR. W. B. DAVIS, Chairman, reported as follows:

To be admitted as permanent members:

Dr. R. W. Hale, Fostoria, Seneca Co.; Dr. E. G. Coulson, Pennsville, Morgan Co.; Dr. N. R. Coleman, Harrisville, Harrison Co.; Dr. C. E. Knox, Bellaire, Belmont Co.; Dr. W. K. Smith, Deersville; Dr. R. B. Davy, Cincinnati; Dr. L. R. Longworth, Cincinnati; Dr. J. J. Quinn, Cincinnati; Dr. Simon P. Wise, Millersburg; Dr. F. A. Hanford, Akron; Dr. Alex. McMillan, Genoa, Ottawa Co.; Dr. W. C. Chapman, Toledo; Dr. H. L. Mann, Wapakoneta; Dr. E. G. Hard, Medina; Dr. E. W. McMann, Napoleon; Dr. Phillip Graefe, Sandusky; Dr. F. C. McConnelly, Vermillion; J. W. Long, Bryan; G. P. Willard, Tiffin; N. B. Hovey, Tiffin; J. F. Baldwin, Columbus; Dallas M. Wood, Warren; Clarence S. Ward, Warren; H. B. Nunemacker, Athens; T. J. Reed, Massillon; A. W. Ridenour, Massillon; H. P. Hugus, Ravenna; H. Cooney, Bryan; H. R. McClellan, Xenia; J. Ringham, Port Clinton; Mrs. Helen L. Belts, Youngstown; Mrs. S. Brooks, Akron; Mrs. Georgia C. Glenn, Akron.

The following persons presented certificates of appointment as delegates to the State Society from county societies:

E. Williams, M. D., D. D. Bramble, M. D., J. J. Quinn, M. D., Wm. B. Davis, M. D., Cincinnati Medical Society; E. G. Condron, M. D., Morgan County Medical Society; Wm. K. Smith, M. D., Stillwater Medical Society; N. R. Coleman, M. D., Medico Chirurgical Society of Eastern Ohio; C. E. Knox, M. D., Medico Chirurgical Society of Eastern Ohio; J. W. Long, M. D., Williams County Medical Society; Wm. M. Oaks, M. D., N. W. Medical Association; A. L. Osborn, M. D., Delamatre Medical Association; Robert W. Hale, M. D., N. W. Medical Association; C. S. Muscroft, M. D., Academy of Medicine, Cincinnati; Amos Wright, M. D., Summit County Medical Society; A. H. Agard, M. D., E. B. Harrison, M. D., N. W. Medical Association; H. P. Hugus, M. D., Portage County Medical Society; James Ewing, M. D., Central Ohio Medical Association.

DR. HERRICK moved that the report be adopted. *Carried.*

DR. RUSSELL, of Mt. Vernon, spoke in regard to the admission of the ladies to membership. He said he had no objection to associating with them as members of the society; he had no objection to associating with any person who had the tact and intelligence to practice the profession. [Applause.] But, if these ladies desired to practice medicine, he was in favor of them doing so in their own way; pursuing their own paths in peace. When the male practitioners were thrown in contact with them, they should be treated with the greatest courtesy; but it was evident to him that the freedom of scientific investigation would be greatly interfered with by any attempt to pursue it in company with ladies. There were many things in medicine which no gentleman would wish to speak of in the presence of ladies, and ladies would not care to hear.

DR. REAMY said it was not proposed to get these ladies into the Society by anything which would look like a snap judgment. He would prefer, as he knew they would, that a square, fair vote should be taken upon the question. He would therefore move for a reconsideration of the question, so as to do away with all suspicions of unfairness.

Various members spoke in favor of reconsidering the vote and dividing the question, so as to make the vote certain.

The vote to reconsider prevailed by a large majority.

That part of the report preceding the mention of the ladies was then adopted.

DR. C. W. DUNLAP moved that the ladies be received as members.

DR. RUSSELL said, that, before the ladies were received, it was essential to know what the status of these ladies was in their own county or district society. If they were members of their own local society, he would vote for their admission most heartily. If they were not, he was opposed to receiving them. He wanted to know if any person present could vouch for them.

DR. SCOTT, of Cleveland, said he could vouch for them as members of local societies. [Applause.]

DR. RUSSELL—"Well, I am glad to see progress." [Laughter.]

PROF. HAMILTON said, in reference to Dr. Russell's statement, that investigations could not be carried on with the requisite freedom in presence of ladies, that, during his teaching in the college at Columbus, he had had one lady student during a whole course. He did not know that during that whole time he had refrained from uttering one word which he would have uttered had she not been there. He did not know of anything which he had said that could have made her blush, or him either. That lady was the jewel of the class; the influence of her presence was most excellent. So far from dreading the presence of ladies, he was desirous of it, and thought that it would result in great good. [Applause.]

The ladies were then admitted without a dissenting voice, and the result was hailed with loud applause.

DR. RIDENOUR reported in favor of admitting the "*Logan County Medical Society*" as an auxiliary Society. *Carried.*

REPORT FROM SPECIAL COMMITTEES.

DR. W. T. RIDENOUR read a paper on "*The Relation of Regular Medicine to the Pathies of the Day.*"

Before the paper took the usual reference, DR. A. T. KEYT, of Cincinnati, presented a series of resolutions, the

object of which was to create an "*Advisory Committee on Publication,*" whose duties should be to select such papers as should be considered sufficiently meritorious, in matter and style, to be printed in the Transactions.

DR. REAMY supported the resolutions, and pointed to last year's Transactions, of which twenty-four pages were devoted to the Minutes of the Society, and one hundred and thirty pages to papers which were, in many instances, simple compilations from text books.

A long discussion followed on this. A general dissatisfaction was expressed with the manner in which the preceding Transactions had been issued, and a desire to have some improvement made; but there was a division of opinion as to the best method of attaining such improvement.

DR. W. B. DAVIS offered an amendment, that the Committee on Publication hereafter do not permit any member's report to occupy more than thirty pages. He also moved that the whole matter be referred to a Special Committee of three, to report to-morrow morning. *Carried.*

DRS. KEYT, DAVIS, and PIERCE were appointed such committee.

DR. E. H. HYATT inquired, for the guidance of the Finance Committee in making its estimates, how much of the report, made by the official reporter, was to be published.

DR. DAVIS moved the Committee on Publication have discretionary power to cut down the Report to any limit. *Carried.*

VOLUNTEER PAPERS.

DR. W. W. SEELY read a paper on the treatment of various affections of the eyes.

DR. P. S. CONNER read a paper on the "*Use of the Aspirator in Retention of Urine.*"

No action was taken on these papers, as it was preferred the report on Dr. Keyt's resolutions first be made.

DR. A. H. AGARD announced a lecture, by the Hon. E. Wright, on Life Insurance, this evening, in this hall.

Society adjourned until 9 o'clock to-morrow morning.

SECOND DAY.

MORNING SESSION.—9 O'CLOCK A. M.

Minutes of the previous day read and adopted.

REPORT FROM COMMITTEE ON ADMISSIONS.

DR. W. B. DAVIS reported the following for

PERMANENT MEMBERS.

C. L. Coyle, Galion.
W. M. Cake, West Independence.
T. J. West, Melmore.
W. S. Haugh, Moyedon.
P. S. Greenamyer, Smithville.
James Larimore, Newark.

DELEGATES.

W. S. Musgrove, Champaign Co. Medical Society.
James Lorimore, Licking Co. Medical Society.
C. F. Metcalf, Franklin Co. Medical Society.
A. McKinnie, " " "
J. Hayes, " " "
Clarance S. Ward, " " "
P. S. Greenamyer, Wayne Co. Medical Society.
W. W. Jones, North Western Medical Society.
M. L. Mead, Cuyahoga Co. Medical Society.
A. C. McLaughlin, Clark Co. Medical Society.
C. Pollock, " " "

Report adopted.

ADVISORY COMMITTEE ON PUBLICATION.

DR. A. T. KEYT, from Special Committee, appointed the day previous, reported a series of resolutions creating an Advisory Committee on Publication.

A good deal of merriment was here occasioned by a tilt between Dr. W. J. Scott and the Secretary. The latter had become somewhat nettled at the continued disparaging allusions which were being made to the manner in which the "Transactions" were printed and the lateness at which they appeared. Finally, when Doctor Scott rose to speak, and

began by saying that he knew doctors were sometimes lazy, and when they thought they had the whole year to do the work, they would take their leisure in doing it, the Secretary remarked, "Yes, you ought to know how that is yourself; you held your own paper back several months last year." This was greeted with loud laughter, and when the Doctor stopped, colored, and appeared to feel the force of the pointed remark, the laughter became tumultuous.

Dr. Scott took the thrust good naturedly, and resuming, still commented upon the lateness at which the Transactions appeared. The Secretary interrupted him again, and reminded him that he took his paper home, kept it, and required a large amount of correspondence, and finally did not furnish it, which delayed the appearance of the transactions.

Again the Doctor acknowledged the point, and the meeting laughed heartily. The Doctor gave a pleasant turn to the affair, by promising that such a thing should not occur with him again.

After an animated discussion, the resolutions were finally passed in the following shape:

1*st*. *Resolved*, That a committee of twelve be appointed by the President and named the Advisory Committee on Publication, whose duties shall be as hereinafter defined.

2*d*. *Resolved*, That the action of the Society, upon matter presented with a view to its publication, be in the form of a motion to simply refer to the Advisory Committee.

3*d*. *Resolved*, That it shall be the duty of said Advisory Committee to receive such papers as are referred to it, examine them carefully and report concerning them to the Committee on Publication, passing such matter only and in such form as, in the best judgment of the Committee, will contribute to the interest and value of the transactions.

4*th*. *Resolved*, That all papers referred to the Advisory Committee shall be placed at once by their authors into the hands of the Chairman of said Committee; and it shall be the duty of the Advisory Committee to report all papers, so referred, back to the Publication Committee before adjournment of the Society.

5*th*. *Resolved*, That in the event of the failure of the

Advisory Committee to report on these papers within the time specified, the Committee on Publication shall then take charge of them and in the exercise of its best judgment publish such of the matter in hand as should appear in the transactions.

6th. Resolved, That the Advisory Committee and Committee on Publication do not allow more than thirty pages of the transactions during any one year for the report, or reports, of any one member.

Your Committee, according to instructions, beg to recommend that the Secretaries be instructed to prepare for publication, in the transactions, a careful and concise synopsis of the minutes, omitting all discussions, except the gist of that upon papers read. And they would also report adversely to the employment of an official reporter.

Respectfully submitted,

A. T. KEYT,
W. B. DAVIS,
E. PIERCE, JR.
Committee.

NOTE.—The Advisory Committee, as announced by the President, will be found under the head of "Regular Committees."

STATE BUREAU OF HEALTH—REPORT OF COMMITTEE.

MR. PRESIDENT: The Committee appointed at the last meeting to memorialize the General Assembly of the State for the establishment of a Bureau of Health with a sanitary Superintendent, report that a memorial was presented in the Senate at the last session accompanied by a bill offered by the HON. E. D. Potter, which bill was subsequently amended by enlarging the powers and duties of the Superintendent. Another bill was introduced into the House by Dr. Williams to create a Board to be appointed by the Governor, the Board to have the appointment of the Commissioner.

Both of these bills failed to pass from want of time and from the indisposition, on the part of members, to the creation of new offices.

Some difference of opinion was developed as to the form in which the Bureau should be organized, whether it should be a State Board, consisting of several members, or simply a Commissioner.

The report upon which the action of your Committee was based recommended a Commissioner, and we believe the combined efforts of the profession can be brought to its support by such an officer; that the clinical facts to be obtained from them by such an officer must constitute the foundation for statistics which are to establish the cause of diseases; and members of this Society would more surely feel they were a part of the Board of Health and responsible for aiding its efforts in behalf of sanitary science.

Your Committee are of the opinion that another effort should be made at the next session of the Legislature to establish the office of Sanitary Commissioner, and the profession in the different counties of the State should be requested to interview the candidates for the General Assembly upon the subject before the election.

Respectfully submitted,

W. W. JONES, E. H. HYATT,
W. J. SCOTT, JOHN BENNETT,
Committee.

Report received and Committee continued.

REPORT OF COMMITTEE ON FINANCE.

MR. PRESIDENT: Your Finance Committee desire to submit the following report:

We have carefully examined the Treasurer's report and find it correct. The receipts for the year were $825 75; expenditures, $838 85, leaving the Society indebted to the Treasurer in the sum of $13 10. We recommend the annual assessment be $2 00; that the Treasurer and Secretary for the past year's services receive $50 00 each; that the Assistant Secretary receive $15 00, and that the Assistant hereafter receive no compensation for his services.

It is the opinion of this Committee that with a competent Secretary the Society can, hereafter, dispense with the services of an official reporter; and, as an evidence of this fact, we respectfully refer the Society to the published transactions of 1871 and 1872, the minutes, of the same, having been kept by the present Secretary, Dr. J. W. Hadlock.

The expenses incurred last year in publishing the transactions were probably larger than necessary, owing to the fact that members had lengthy papers published in the proceedings; but upon examination we find the Publication Committee are not at all censurable, from the fact the Society, by vote, referred these papers to the Publication Committee with instructions to print.

Respectfully submitted.

A. T. FORBES, THOMAS G. MCEBRIGHT,
E. H. HYATT, D. D. BRAMBLE,
W. H. PHILLIPS,
Committee.

On motion, the report was received and adopted.

REPORT FROM SPECIAL COMMITTEES.

DR. W. B. DAVIS read a paper on the "*Relation of Consumption to Life Insurance,*" which, after discussion, participated in by Drs. Reamy, Hamilton, Forbes, Herrick, W. J. Scott, Whittaker, Noyes, and Davis, was, upon motion of Dr. Buckner, referred to the Advisory Committee.

Dr. H. J. Herrick moved that the discussion on this paper, as taken by the reporter, be published in the transactions. *Carried.*

CAUGHT IN THE "COYLE."

Dr. W. B. Davis, Chairman of the Committee on Admissions, called the attention of the Society to the fact that one Dr. Coyle, who had just been admitted as a member, was found to be an arrant quack of the eclectic school, in proof of which Dr. D. read a circular issued by said Coyle, in which he claims having had superior advantages in getting

a medical education, and consequently possesses superior skill in the treatment of disease. He also claims to have invented a "universal worm destroyer," and many other good things too numerous to mention. Dr. Davis stated that "Dr." Coyle had been regularly vouched for by two members of the Society. The matter created quite a sensation; and, after an animated discussion, the question was referred to the Committee on Ethics.

ELECTION OF OFFICERS.

The Society then went into an election of officers, for the ensuing year, with the following result:

DR. E. WILLIAMS, Cincinnati, *President.*

Dr. W. S. SCARF, Bellefontaine,
" A. H. AGARD, Sandusky,
" S. S. THORN, Toledo,
" J. N. BEACH, West Jefferson,
} *Vice-Presidents.*

Dr. S. S. GRAY, Piqua, *Treasurer and Librarian.*

Dr. J. W. HADLOCK, Cincinnati, *Secretary.*

Dr. J. F. BALDWIN, Columbus, *Assistant Secretary.*

Dr. W. B. DAVIS, Cincinnati,
" E. J. MCCULLOM, Tiffin,
" E. H. HYATT, Delaware,
" W. J. SCOTT, Cleveland,
" C. E. BEARDSLY, Ottawa,
} *Committee on Admissions.*

REPORT FROM COMMITTEE ON ADMISSIONS.

Dr. Davis, Chairman, reported the following for permanent membership:

A. W. Fisher, Toledo; Porter Yates, Port Clinton; Carl Herter, Sandusky; Leopold Pope, Sandusky; B. W. Holliday, Cleveland; W. A. Musgrove, Urbana; A. S. Osborn, Peru; M. S. Mead, Cleveland; Mrs. Prudence B. Sauer, Napoleon; Professor Scott, Sandusky; E. Stanley, Sandusky.

DELEGATES.

A. W. Fisher, Thos. Cosgrove, Toledo Medical Society; J. W. Hamilton, J. F. Baldwin and Alex. Neil, Columbus Academy of Medicine.

HONORARY MEMBERS.

Wm. Brodie, President Michigan State Medical Society; E. W. Jenks, Ex-President Michigan State Medical Society; J. F. Noyes, Delegate Michigan State Medical Society; Dr. John Kerr, Canton, China.

REPORT FROM COMMITTEE ON MEDICAL SOCIETIES.

Dr. W. T. RIDENOUR reported in favor of the *Delaware County Medical Societg*, becoming an auxiliary society. *Carried.*

CONSTITUTION AMENDED.

DR. S. S. GRAY called up his amendment to the Constitution, offered last year, defining the status of members who move from the State. On motion, the amendment was adopted.

RESOLUTION TO SUPPLY THE SURGEON-GENERAL OF U. S. A. WITH THE TRANSACTIONS.

DR. W. B. DAVIS read the following, from Dr. W. H. Mussey:

Resolved, That the Treasurer of the Society be instructed to forward to the Surgeon-General of the United States Army, annually, a copy of the Transactions of the Society, and a copy for the years 1851, 1861, 1869, 1871, 1873, 1874, if these copies are in his possession. *Carried.*

AMENDMENT TO THE CONSTITUTION PROPOSED.

DR. W. T. RIDENOUR offered the following amendment to Article 6th, section 1, of the Constitution: Substitute in the third line for—"all of whom"—the President: add, after the words regular meeting, "the other officers shall be nominated by a committee of nine, to be appointed by the President"—the nominations to be confirmed or rejected by a *viva voce* vote of the Society. The amendment went over one year under the rule.

SEMI-INTERNATIONAL MEDICAL SOCIETY PROPOSED.

DR. JENKS returned thanks for having been elected an

honorary member, and spoke of a projected movement, for which he wished the co-operation of this Society, to form a medical society to be composed of the States of Ohio, Indiana, Michigan and the Province of Ontario, Canada. The Society to be exclusively scientific in character and to discuss none but scientific questions—to transact no legislative business whatever.

DRS. BRODIE AND NOYES also returned thanks for kind treatment and honors conferred, and spoke favorably of the formation of such society as Dr. Jenks had referred to.

ENLARGING THE COMMITTEE ON STATE BOARD OF HEALTH.

DR. E. H. HYATT presented a resolution that a committee of one from each Congressional District be appointed to carry out the suggestions made in the report of the Committee on State Board of Health. *Carried.*

Adjourned until Thursday 9 o'clock A. M.

THIRD DAY.

MORNING SESSION.

On motion of DR. A. C. MCLAUGHLIN, the reading of the minutes was dispensed with.

REPORT FROM SPECIAL COMMITTEES.

DR. J. H. BUCKNER read an interesting paper on "*Astigmatism*" On motion, the paper was referred to the Advisory Committee.

DR. W. J. SCOTT read a paper on "*Puerperal Blindness —with Cases.*" Referred to Advisory Committee.

TIME SET FOR THE NEXT MEETING.

At this point a communication was received from the proprietors of the Put-in-Bay House, offering to entertain the members of the Society at its meeting in 1876 at $2 50 per day. A communication was also received from the proprie-

tors of the Neff House, Yellow Springs, offering to entertain the Society, at the same time, at $2 00 per day.

DR. MCCULLOM moved that when the Society adjourns it does so to meet at Put-in-Bay House, on the third Tuesday in June, 1876, at 2 o'clock P. M. *Carried.*

REPORT FROM COMMITTEE ON ADMISSIONS.

Delegates—Dr. S. S. Gray, Dr. J. H. Green, Miami County Medical Society; Dr. H. Brinkerhoff, Northwestern Medical Association.

Dr. A. J. Miles was elected a delegate to the British Medical Association for 1875.

REGULATING SPECIAL COMMITTEES.

A resolution was here introduced to drop the names of all parties who did not request to be continued on special committees. *Carried.*

VOLUNTEER PAPER.

DR. J. T. WHITTAKER read a paper entitled, "*To Prevent the Development of Laryngeal Tumors.*"

Remarks by Drs. Herrick, Buckner, Noyes, Mead, Longworth, Scott, and Davis.

DR. W. B. DAVIS moved that the discussion be reported in the printed minutes. *Carried.*

RESOLUTION TO CREATE A JUDICIAL COUNCIL.

Resolved, That a Committee be formed, styled the "*Judicial Council*," whose duties shall be, to decide upon all questions of new modes of doing business; to whom shall be referred all legislative matters, and all questions of order, which do not come within the province of the presiding officer; also, to report on place of meeting. All reports of this Committee to be made to the Society and confirmed or rejected without debate. The Committee to be composed of one member from each Congressional District, and to be appointed by the President. W. T. RIDENOUR.

After some debate the measure was passed.

VOLUNTEER PAPERS.

DR. LONGWORTH read a paper on "*Prurigo.*" Referred to Advisory Committee.

DR. CHAPMAN read a paper on "*Puerperal Eclampsia.*" Referred to Advisory Committee.

A PROTEST.

DR. J. H. BUCKNER, here arose and protested against the action of the Advisory Committee in suppressing his paper on Astigmatism.

DR. CONNER defended the action of the Committee, and stated that the paper was too special for the general practitioner and not sufficiently specific for the specialist.

DR. WILLIAMS spoke in favor of Dr. Conner's position.

DR. SCOTT spoke in defense of the action of the Committee.

DR. BUCKNER replied at some length in favor of his protest when the matter was dropped.

A VOLUNTEER PAPER.

DR. E. WILLIAMS read a paper on "*Sympathetic Opthalmia,*" which, after discussion by Drs. Agard, Noyes, Dunlap, W. J. Scott and J. H. Buckner, was referred to the Advisory Committee.

REPORT OF CASES—SEVERANCE OF THE DUODENUM.

DR. HYATT reported a case of "*Double Severance of the Duodenum,*" from external violence, accompanied with fatal hemorrhage. Paper referred.

VOLUNTEER PAPER.

DR. C. E. BEARDSLY read a paper on "*Phymosal Paraplegia.*"

DR. NOYES remarked that Dr. Sayre, of New York, had reported on the subject at the last meeting of the American Medical Association, claiming priority, but had acknowl-

edged being antedated in the operation. Paper referred to Advisory Committee.

DR. W. W. JONES read a paper, prepared by Dr. Muscroft, (Dr. M. having returned home) on "*Fractures of the Skull.*" Referred to Advisory Committee.

PROPOSED AMENDMENT TO THE BY-LAWS.

DR. HYATT offered the following amendment to Section 3d, Article 3d, of the By-laws:

Resolved, That the "Judicial Council" — ordered by resolution, at this session—take the place of the Committee on Ethics. Went over under the rule.

INEBRIATE ASYLUM.

The resolutions on Inebriate Asylum, found on page 225, of transactions for 1874, were taken up and passed.

TREASURER TO FURNISH THE JOURNALS WITH CASES.

DR. DUNLAP moved that the Treasurer have discretionary power to furnish cases to Medical Journals from the transactions. *Carried.*

STENOGRAPHERS REPORT TO GO TO THE ADVISORY COMMITTEE.

On motion, the short-hand reports were to be referred to the Advisory Committee.

RESOLUTIONS ADOPTED.

FIRST—EMPLOYMENT OF AN OFFICIAL REPORTER.

Resolved, That the Executive Committee are hereby authorized (if in their opinion it is desirable) to employ a Stenographer for the next meeting of the Society.

E. WILLIAMS.

SECOND—CASE OF DR. PECK.

WHEREAS, Dr. W. L. Peck, a member of this Society, has associated himself with one Dr. Beckwith, a noted Homeopathic Doctor, in the management of the "Sanitarium," at Cincinnati; and that it is the practice of these Doctors to

publicly advertise in the papers, and send circulars through the mails over the country to individuals, thereby violating the ethics of this Society. Under "Duties of Physicians to each other, and to the profession at large:" Article 1st, Section 3d, it is derogatory to the dignity of the profession to resort to public advertising by cards or hand-bills, etc.; therefore

Resolved, That Dr. W. L. Peck be notified by the Committee on Ethics, of such complaint against him, and that it will be necessary for him to report in defense of his course before the Committee at the next meeting of the Society.

W. J. SCOTT.

THIRD—RESOLUTION OF THANKS.

Resolved, That the thanks of this Society be returned to the Proprietors of the Put-in-Bay House for the use of this spacious hall for our meetings, and for their polite and hospitable attention to the members during the session of the Society.

E. WILLIAMS.

THIRD DAY.

EVENING SESSION.

Society called to order at 8 o'clock P. M.

DR. THORN moved that an order for $35 be drawn on the Treasurer for the payment of the Official Reporter for three and a half days work. *Carried.*

VOLUNTEER PAPER—"INSULATION."

DR. P. M. WAGENHALLS, of Columbus, read an interesting paper on "*The Value of Insulation in the Treatment of Rheumatism and some Nervous Affections.*"

The paper was replete with interesting cases in which the author had used the agent with success, including his own case, that of Rheumatism. The paper was discussed by Drs. Dunlap, Herrick and Hyatt; those gentlemen had not met

with the success, in the use of insulation, which Dr. Wagenhalls claimed to have had with it; whose faith in it, as a therapeutic agent, was of a character sufficient to remove mountains. In cases of insomnia, arising from nervous trouble, or overworked conditions of the body, he looked upon it as one of our *best* agents. He related many cases of this character in which he had tried it with signal success. Four ordinary glass salt-cellars made very good receptacles for the end of the bed-posts.

RESOLUTION OF THANKS.

PUT-IN-BAY HOUSE, O., *June 16th*, 1875.

J. W. HADLOCK, M. D., *Secretary Ohio State Medical Society:*

DEAR SIR:—The following resolution was unanimously passed before our adjournment:

Resolved, That our thanks are hereby tendered the O. S. M. S. for the use of its hall for, and the presence of its members at the address of the Hon. E. Wright.

Respectfully, S. W. JOHNSON,
Secretary Life Underwriters' Association of Ohio.

COMMITTEES.

The President announced the *Regular and Special Committees* as follows:

REGULAR COMMITTEES.

Advisory Committee on Publication.

CINCINNATI.
P. S. CONNER,
E. WILLIAMS,
W. H. MUSSEY.

CLEVELAND.
H. J. HERRICK,
JOHN BENNETT,
W. J. SCOTT.

COLUMBUS.
J. W. HAMILTON,
D. A. KINSMAN,
R. WIRTH.

TOLEDO.
S. S. THORN,
W. T. RIDENOUR,
W. C. CHAPMAN.

Executive Committee.

H. J. DONAHOE,
A. H. AGARD,
S. S. THORN,
W. J. SCOTT,
A. DUNLAP.

Publication Committee.

J. W. HADLOCK,
S. S. THORN,
J. W. HAMILTON,
W. W. JONES,
JOHN BENNETT.

On Medical Societies.

W. T. RIDENOUR,
E. JENNINGS,
A. HURD,
A. C. MCLAUGHLIN.

Finance Committee.

J. G. MCCULLOCH,
E. H. HYATT,
T. G. MCEBRIGHT,
A. HURD,
J. M. WADDICK.

On Ethics.

A. DUNLAP,
J. W. HAMILTON,
W. B. DAVIS,
H. J. HERRICK,
J. A. MURPHY.

Judicial Council.

W. T. RIDENOUR,
W. H. MUSSEY,
P. M. WAGENHALLS,
A. T. KEYT,
JOHN BENNETT,
W. J. CONKLIN,
A. ANDREES.

J. W. RUSSELL, E. W. HOWARD. } *To Memorialize the Legislature in favor of an Inebriate Asylum.*

SEMI-INTERNATIONAL MEDICAL SOCIETY.

Committee to confer with similar Committees from other States upon the formation of a Semi-International Medical Society from the States of Ohio, Indiana and Michigan, with the province of Ontario:

W. W. JONES, Toledo.
E. WILLIAMS, Cincinnati.
A. DUNLAP, Springfield.
JOHN BENNETT, Cleveland.
J. W. HAMILTON, Columbus.

COMMITTEE TO MEMORIALIZE THE LEGISLATURE ON SANITARY MEASURES—ONE FROM EACH CONGRESSIONAL DISTRICT.

1—Dr. John A. Murphy, Cincinnati.
2—Dr. T. A. Reamy, Cincinnati.
3—Dr. T. W. Gordon, Georgetown.
4—Dr. T. L. Neal, Dayton.
5—Dr. C. E. Beardsley, Ottawa.
6—Dr. W. W. Jones, Toledo.
7—Dr. B. T. Kitchen, Clay P. O., Jackson Co.
8—Dr. R. S. Gilbert, Logan.
9—Dr. E. H. Hyatt, Delaware.
10—Dr. E. J. McCollom, Tiffin.
11—Dr. A. B. Jones, Portsmouth.
12—Dr. E. B. Pratt, Mt. Sterling, Pickaway Co.
13—Dr. J. R. Black, Newark.
14—Dr. Kindig, Haysville.
15—Dr. R. Gundry, Athens.
16—Dr. Enoch Pearce, Steubenville.
17—Dr. J. C. Hubbard, Ashtabula.
18—Dr. J. D. Robinson, Wooster.
19—Dr. J. S. Harmon, Warren.
20—Dr. W. J. Scott, Cleveland.

SPECIAL COMMITTEE ON OBITUARIES, TO PREPARE OBITUARY NOTICES OF EX-PRESIDENTS.

S. M. Smith, T. A. Reamy,
B. S. Brown, B. B. Leonard.

These notices to be published in the next transactions without reference.

Committee on Obituaries—B. B. Leonard.

SPECIAL COMMITTEES.

Gynæcology—T. A. Reamy.

Spontaneous Generation.—Nature of the Evidence of—J. B. Hough—Continued.

Syphilis and its Relation to Public Health—P. S. Conner.

On the influence which the Affections of the Throat exercise upon diseases of the Ear—J. H. Buckner.

Some of the Medical Questions relating to Life Insurance—W. B. Davis.

Nervous and Mental Diseases—D. A. Morse—Continued.

Opthalmology—X. C. Scott—Continued.

On Health Resorts and Mineral Springs—G. E. Walton.

The Relation of Clinical to Atmospheric, and Telluria Influences, on the Study of the Etiology of Disease—J. R. Black.

Specialism and its Relation to General Practice—J. T. Whittaker.

Railroad Injuries—S. S. Forbes.

Eczema—L. R. Longworth.

Ergot—W. S. Battles.

The influence of Drainage on the Public Health—Wm. Clendenin.

DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.

A. B. Jones, Portsmouth; A. Dunlap, Springfield; W. W. Dawson, E. Williams, T. A. Reamy, and J. W. Hadlock, Cincinnati; W. P. Kincaid, New Richmond; A. C. McLaughlin, Fremont; E. W. Howard, Akron; J. W. Russell, Mt. Vernon; D. A. Morse, London; Alex. McMillan, Genoa; W. C. Chapman, Toledo; J. W. Long, Bryan; A. W. Ridenour, Massillon; Geo. L. Hoege, Fostoria; S. B. Hiner, Lima; J. S. Reed, Van Wert; J. W. Craig, Mansfield; J. F. Baldwin, Columbus; Benj. Myers, Ashland; E. C. Lewis, Canal Dover; P. M. Waggenhals, Columbus; J. B. Lucky, Elmore; C. B. Knox, Bellaire; H. L. Mann, Wapakonetta; G. P. Willard, Tiffin; H. M. Schnetzler, Toledo; E. G. Coulson, Pennsville; N. R. Coleman, Harrisville.

DELEGATES TO STATE SOCIETIES.

Michigan State Medical Society.—W. W. Jones, John Bennett, A. H. Agard, C. E. Beardsley.

Indiana State Medical Society.—E. Williams, J. W. Hamilton, A. Dunlap, J. T. Woods.

Kentucky State Medical Society.—A. B. Jones, J. H. Buckner, W. W. Dawson, John A. Murphy.

West Virginia Medical Society.—Enoch Pearce, C. G. Comegys, W. H. Mussey, H. J. Herrick.

New York State Medical Society.—E. B. Stevens, M. J. Scott, T. A. Reamy, S. S. Thorn.

W. W. JONES, M. D., President.

J. W. HADLOCK, M. D., Secretary.
E. JENNINGS, M. D., Assistant Secretary.

Additional Delegates to the American Medical Association.

S. S. Thorn, Toledo.
John B. Rice, Fremont.
John M. Corey, Fremont.
A. Hurd, Findlay.
A. H. Agard, Sandusky City.
John R. Woods, Warren.
A. J. Longfellow, Fostoria.
B. S. Chase, Akron.
Thos. G. McEbright, Akron.
D. H. Brinkerhoff, Fremont.
E. Pearce, Steubenville.
S. P. Bishop, Delta.
R. E. Jones, Gomes.
S. W. Fuller, Bellefontaine.
L. M. Jones, West Liberty.
Chas. Reed, Cincinnati.
F. W. Firmin, Findlay.

ANNUAL ADDRESS

OF THE

RETIRING PRESIDENT,

W. W. JONES, M. D., TOLEDO, O.

ANNUAL ADDRESS

OF THE

RETIRING PRESIDENT.

W. W. JONES, M. D., TOLEDO, O.

GENTLEMEN:—The position with which you have honored me, brings with it cares and duties, and is entered upon with distrust in my ability to meet the expectation which the station involves. I embrace the trust with greater satisfaction, because it has been bestowed by the profession of a State, which has always been foremost in earnest endeavors to contribute to the advancement of Medical Science.

We are engaged in a struggle to assist nature in overcoming the evils, which disobedience of the organic laws impose upon mankind. One measure of success depends upon the knowledge we possess regarding her processes, and the resources with which we are supplied.

Unlike the professions of Law and Divinity, the former of which deals with the rights and wrongs of the individual, and the latter with his duties toward his fellow and his creator; axioms which imply a degree of knowledge only attained at the age of mental accountability; ours, ministers to the earliest manifestations of his organization; and is the Alpha and Omega to which mankind look with imploring eyes, when sickness or death invade the habitation of the soul.

Medicine does not claim to be an exact science for the reason that it involves facts and problems which lie beyond the field of observation. The long history of Medicine is fruitful in attestation of its struggles with the unknown; showing that errors which have gained favor in one age, have been overturned by the next.

While progress in medicine must be slow from the very nature of things, we are assured that the present age is witnessing a more substantial and rapid progress than those which have preceded it. The general use of the microscope, opthalmoscope, stethescope, laryngoscope, speculum, aspirator, and the many other valuable means, almost unknown to a former generation, have wonderfully increased our power for observing and recording facts, and made the verification of those facts of easy demonstration, the world over. Thanks to the 'republic of letters,' no national boundaries of tariffs impose barriers upon the free interchange of thought, opinion and discovery.

With these preliminary remarks, I propose to call your attention to some of the means, within the control of this society, for promoting progress in our art.

That much has been accomplished by this society, during the twenty-nine years of its existence, is well known to the older members of the profession, who remember what was the state of medical and surgical practice before its organization. While we have been greatly aided by the National and the other State organizations, and perhaps more than all, by the general progress of the profession, and that of the collateral sciences; this society, has of itself, contributed its full share towards elevating and maintaining progress in medicine.

The elevation of the standard for the Doctorate, is one of those vexed problems which require the harmonious and united efforts of the profession, organized as we may be, to work out to a satisfactory conclusion. The subject of medical education, although dilated upon at every annual meeting

of this and other Medical Associations, has not been exhausted and must continue to engage the thoughtful attention of the profession until settled upon some satisfactory basis. The difficulty arises—not so much from a diversity of sentiment, as from a division of interest. So long as there are young men and women striving to enter the profession, and assume its responsible duties, whether qualified or not, they will possibly find a way; but it will depend upon ourselves, whether the ignorant and unworthy among them shall be admitted to our membership. In the language of our code of ethics: "a physician ought to be imbued with the greatness of his mission, and the responsibilities he habitually incurs in its discharge. Hood has beautifully expressed this sentiment in his strictures upon the Hahnemaniac Vagaries:

"Above all price of wealth
The Body's jewel—not for minds profane,
Or hands, to tamper with in practice Vain—
Like a Woman's Virtue is Man's Health.

A Heavenly gift within a holy shrine!
To be approached and touched with serious fear,
By hands made pure, and hearts of faith severe,
Ev'n as the Priesthood of the ONE Divine."

Reforms in Medical Education, must commence with ourselves as well as the schools. No practitioner, who regards his professional character and standing, should ever permit his name to be used as a preceptor, unless he devotes sufficient time to the daily examination of his student, upon the subject matter of his reading, as will satisfy himself that the student thoroughly understands it. It is only by such a course, that the preceptor can ascertain the necessary capacity of his student. While a knowledge of Latin and Greek, may be conceded as profitable and beneficial, yet it cannot be regarded as so essential that the student should be a classical scholar, as that he should have the mental ability necessary to grasp, and comprehend the difficult problems involved in the science

and practice of medicine. If we bring this question home, and understand that our professional reputation is to be reflected to a great extent in our students, we would hesitate in undertaking a task which would be liable to bring discredit upon ourselves. So far as my own observation extends, very few of us have the time to devote to the proper teaching of the student, which is necessary to enable him to do us credit; the consequence is, that he plods along as best he can, and the preceptor is hardly aware how ignorant or unqualified the student may be, when he enters the profession. Were the practice of receiving students wholly ignored by the active practitioner, and the business left to such experts as could find the time, and had the other qualifications, necessary to do the student justice, an enormous stride would be made in establishing the basis of medical education, and the incompetent student, would be weeded out before a sufficient growth had been attained by him in Medical Science, to enable him to enter the schools. If every member of this society, were to adhere strictly to these rules, large numbers of those who now apply to us to enter the profession, would be rejected at the threshold, and the complaints against the schools for turning out poorly qualified graduates, would cease. I am aware, that this reform involves a herculean effort on the part of the profession, both here and elsewhere; but I believe that it is an effort which is demanded for the best interest of the public, and will be sustained by the wise and prudent among the profession.

Next, perhaps, in importance to Medical Education, within the province of this Society, are the rules governing the practice of special departments of medicine. It requires but an ordinary experience in general practice to know that this is a matter of grave interest to the profession, as well as to our patrons, the public. We are bound to guard others against imposition, and quackery; and give them advice in relation to the best means of relief from the forms of dis-

ease with which they may be afflicted. As the general practitioner can not be expected to keep pace with the best means of relieving *all* the grave diseases of special organs, there must be those who push the study of special branches beyond the plane which the general practitioner reaches. The science of medicine is so comprehensive that it is impossible in a brief life-time for any individual to keep fully informed upon all its branches; and the question of how we can draw such a distinction between general and special practice as shall conduce to the advancement of our science, and the welfare of our people, becomes one of first importance. That specialism is contributing to our knowledge, and has become an indispensable agent of progress, in medicine, can not be denied. It is also certain, that he who has not devoted some years of service in the art of medicine can not reasonably be expected to become as proficient in special subjects as he who has. The different functions are so intimately connected in their pathological relations, that in order to make very great proficiency in special study, it is necessary to understand very fully what is best known by him who has had his training in general practice. The mere tyro in medicine who assumes to announce himself a qualified surgeon, should be frowned upon, while he who seeks to master the intricate problems involved in specialism by close and persevering study, and observation, should be encouraged. The time has been within the recollection of many of us, when the practice of any specialty, was very justly condemned, because of the charlatanism attending it. Whatever abuses may still exist in connection with it, should be corrected. The ethics of the profession demand that we shall establish its true relations with general practice; so that it may be advanced to that high standard which it so essentially merits.

The projectors of this Association wisely provided for auxiliary societies as one of the best means for the accomplishment of the organization of the profession of the State.

This part of its aims has not been as fully kept in view as it might have been with profit. Regular medical societies exist all over the State, which have not taken the steps necessary to affiliate themselves closely with the parent society by becoming auxiliary thereto. I regard this neglect, where it exists, as detrimental to unity of professional action, when such is needed. No county should be without one or more régular medical societies. If our present plan of organization will not accomplish the establishment of these, where they ought to exist, then it should be so modified as to meet such indications, and made to become the nucleus around which the profession may centralize for the accomplishment of its high purposes. Every local society in the State, that is governed by the code of ethics, should be made auxiliary, and be required to send up an annual list of its membership, the number of its meetings during the year, with a list of papers contributed and the authors' names. We want a directory of the profession of the State, corrected from year to year, to enable us to know who are of us, and who are not, and who are our best writers and thinkers. Let our motto be "*vis unita fortior.*"

The discussicn of the reports and papers read before us constitute one of the most important means for promulgating advanced ideas upon medical and surgical subjects. I am aware that a majority of the profession find it difficult to express themselves fluently upon extempore occasions; but this, however, is unnecessary, as the most simple fact is potent in advancing the cause of truth, and carries with it greater force than the most brilliant rhetoric.

These comments, which constitute the essence of medical thought, and opinion, are too frequently lost for the want of a competent report. If we, as well as those who are absent, are to be benefited by the light diffused through these discussions, we must provide a competent phonographic reporter to attend our meetings and furnish the Secretary the material to make up the proccedings.

The time will soon come, if, indeed it has not already arrived, when this Society should become a delegated body similar to that of the American Medical Association, delegates to become permanent members.

There is great need for providing systematic observation and record of the relation of clinical to atmospheric and topographical influences, in relation to the causation of disease. Go where you will, in any district of country, and you will find the residents, in particular localities, more unhealthy than others, although the physiological conditions are the same. The profession have been content to explain the phenomenon by calling it "malarial influence." We are daily reminded by our patients how they took cold on a change of the weather; and I think it will be a conceded fact, that very much of sickness and mortality is due to causes having their origin in meteorological influences. I am glad to see that this subject is beginning to meet with some attention from the profession, and has been made the subject of a report to the American Medical Association by its eminent founder, Dr. N. S. Davis, of Chicago, in a paper entitled, "*The Necessity of Co-incident Clinical and Meteorological Records in the Study of Meteorological Influences and Atmospheric Conditions, in the Development of Bowel Affections in Children.*"

The clinical data attending the commencement of nearly all disease is one of the essentials in the pursuit of investigation with reference to its causation; and this is particularly so with reference to those of an eudemic and epidemic nature. When these are combined with accurate meteorological observations at the immediate points and time of the clinical, they will be found to possess a value which will produce great results in establishing the cause of disease.

These investigations, I am convinced, would be a labor of love on our part, notwithstanding their results would tend to diminish our revenues. But the proper carrying out of any plan for this purpose would involve an expense which a

just regard for the interest of those dependent upon us for support will hardly permit us to assume. There would be no insuperable difficulty attending the collection of these facts in the cities of the State where Boards of Health exist, as the expense of distributing blanks to physicians and meteorologists, and the collating of the facts, after they were obtained, could be assumed as a part of the duties of the health office. These, however, would be only partially successful, for it will not do to rely upon the observations of individuals in any *one* district of country. If we would establish results commensurate with the importance of the subject, they must be made over extensive regions; and, in order to do this, we must have the aid of the State, through a commissioner of health.

How to lessen sickness and death is a question which may well invite our closest attention. English statisticians estimate that each death in the census has been preceded by six hundred and thirty-six days of sickness during the whole life of the individual. The census statistics show that five hundred thousand deaths occur annually in the United States; and, in our own State, they may be computed at about thirty thousand. Applying the English estimate, we have the enormous number of 19,080,000 days of sickness for the people of the State each year.

The statesman or legistor who views these facts in their relation to the economies of labor, will not fail to see that the industrial population constitute about one-third of the whole number, and that there must be a positive loss of $20,000,000, annually, by loss of time and expenses incurred, in consequence of such sickness among that class alone, while the arbitrary condition of society makes it certain that the sick and enfeebled must be supported by the healthy.

The lessening of sickness and mortality depends very greatly upon our knowledge of the causes of disease, the investigation of which is one of great labor and skill; and

many of these causes are of so subtle a nature as to elude the vigilance of any single individual or community; and if the people of the State (who are to be benefited) would practically reap the advantage to be gained by such knowledge, they must supply the central force or bureau of health, with which we may co-operate.

It is not arrogance on our part, to say that the world is indebted to our profession for the little of sanitary knowledge you know, and which is steadily increasing the average duration of human life, and lessening the number of days of sickness. Unaided by the discoveries in Medical Science, and their application to the wants of man in this new country; the West, would have been, to this day, undeveloped, instead of containing, as it does, a dense and cultured population.

Were our profession to give up the task of Sanitary enlightments, where is the world to get it?—certainly, not from the various *isms* and *pathies* in medicine, whose brief lifetime, hardly suffices to make a generation, in the ages since Medicine has made a written history.

In this age and country, when even enjoyment may be said to have a money value, the people are not slow to forward objects, which will promote that enjoyment and culture; and they appreciate health, whether considered in its pecuniary or philanthropic aspects. I regard it as one of the best means of discouraging quackery to teach the people sanitary knowledge; as by this means, they will be better able to distinguish the true from the false system of medicine, and *expose* the pretender to knowledge not possessed. There would be some propriety in referring the subject matter to the different *isms* and *pathies* to a committee to be reported upon annually, by which means, some benefit would accrue to our people, in giving them lessons upon this branch of sanitary science: were it not proved, during the long history of medicine, that each false system soon gives way to another equally absurd.

While our Christian civilization has greatly improved, and

benefited the race morally and intellectually, it has utterly failed to eradicate many of the evils of our social system. Living as we do, in the atmosphere of the whole people, and observing the evidences which daily present themselves only to the physician; we can speak with more assurance of the prevalence of those evils, which are known only to a few, besides the individual himself; but which afflict a greater number than the public know of, or are willing to admit. Whether scrofula, struma, tuberculosis, and some other forms of disease, are the offspring of syphilis, is not yet determined, but enough is established to prove the wide spread, and detrimental influence, which this disease has upon the race. Every physician knows that a large percentage of the mortality of infantile and adult life, is due to the indirect influence of this destroying agent, which is probably greater than that from any one of the epidemic diseases, which have been called "the scourages of mankind," and yet its name scarcely appears in the records of mortuary reports.

I am aware, that there is great prejudice on the part of the community, (and particularly of the religious portion of it,) to the discussion of this subject, and all attempts on the part of the municipalities in this country, to exercise police supervision against the spread of this disease, has met with opposition from those who assume to be teachers in morals. The very able report upon this subject to the American Medical Association, by Dr. Gross, of Philadelphia, takes strong ground in favor of the enactment of laws, looking to its suppression. I think the same views are entertained by most of those who are familiar with the havoc, and suffering inflicted upon the human race, in consequence of this evil, and it would seem that no false modesty, nor deference to prejudices of others, should lead us to ignore the subject, or prevent us from freely imparting that information, which will contribute to the advantage of society. Our legislators and boards of health, provide summary means for the abatement of nuisances, detrimental to the life and health of

the people, while this evil goes beyond the individual or community in which it exists, and contaminates the vital blood for unborn generations. No position is so high as to be exempt from its unseen influence, and no people on the habitable globe, but have felt its destroying blight.

Ancient Greece, the home and birth place of philosophy and letters, was so fettered by her religious prejudices that she prevented the study of anatomy because it desecrated the dead. We should allow no similar reverence for a sentiment to interfere with efforts for saving the world from so destructive an evil.

The want of properly instructed nurses is universally felt, and it is to be hoped that some plan may be devised by which their proper training may become general, and not confined to the larger cities where hospital facilities exist. We all know how much depends upon the skill and care of those having charge of the sick in the absence of the physician; and that our efforts in behalf of our patients are often neutralized by the want of intelligent nursing. It would seem to me from my observation that this deficiency is so widespread, and the demand so urgent, as to warrant the establishment of training schools in every populous county of the State.

In conclusion, let us not forget that we are celebrating our 30th anniversary upon one of the beautiful islands of Lake Erie, where but little more than sixty years ago the great American commander beheld from the placid bay in front of us the British ships, with which he hastened to engage in deadly strife. Our great State was then, comparatively, a wilderness, with here and there a settlement of hardy pioneers, determined to hew out a civilization in spite of opposing obstacles. Could the immortal Perry now behold the transformation which has been effected in a single life time, he would say that those pioneers had not lived in vain. Adopting the talismanic words of the dying Lawrence, he inscribed them upon his banner. So let us, rely-

ing in full faith upon earnest endeavor to achieve progress in medicine, cheer each other onward with his motto, "DON'T GIVE UP THE SHIP."

The officers of the two nations who lost their lives in that battle here quietly sleep together in peace, with their resting place hallowed as the scene of one of the world's great naval contests for the maintenance of a principle which equally benefits the vanquished and the victors. What more fitting place than this for promoting the homogeneity of the medical profession of a continent.

Away from the excitements of the busy city, fanned by the breezes of the great lakes, and surrounded by their health-giving waters, all can forget for a brief period the cares which suffering humanity impose and gain new strength as we tread the pleasant groves of this favorite watering place, while we draw from that fountain of wisdom and experience THE PROFESSION OF THE STATE.

The Relation of Regular Medicine to the "Pathies" of the Day.

W. T. RIDENOUR, M. D., TOLEDO, O.

"Systems fall; facts remain."—Cruveilhier.

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The design of this paper is to call the attention of the Society to the propriety of making an effort to disabuse the public mind, and epecially the public press, of the idea—which seems to be so general—that we are a sect in medicine, with dogma and creed, who denounce the other sects for mere difference of opinion, and from whom we differ only in being more numerous and powerful; in a word, that we are the "Allopathic" school of doctors.

I know the repugnance which exists among us to touch this subject, and I hardly expect my paper to be popular in this assembly. Yet I conceive it to be a duty alike to ourselves and to the public, however disagreeable it may be, to quietly and persistently set ourselves right before the people on all suitable occasions.

We can not expect to be understood unless we show our true colors, and correct misapprehension and misrepresentations when they come under our notice. This is made necessary by the organized effort of the homœopathists, and others, to degrade us to their own level by fixing upon us a *nick-name* and stigmatizing us as a sect; and in view of the success these efforts have met with among the unthinking and uninformed.

That it is well to call the attention of the profession to this subject, is apparent to me from the fact that so many

regular physicians, thoughtlessly and without protest, allow themselves to be called "Allopaths," by people who have heard this epithet used by the parties above named, and who do not know that it misrepresents and slanders us; that it is a term of opprobrium, invented by Hahnemann, and applied, by him, to all physicians who refused to accept his dogma of "*Similia Similius Curantur,*" as the sole method of cure, which he claimed was a divine revelation to him.

His followers persist in the outrageous attempt to fasten upon us this name, (which all physicians repudiate) and principles of action, which no one ever thought of until his time.

The name "Allopath" is utterly unintelligible, and has never been used as the symbol of party. Even the alleged "Antipathic" principle of *contraria contrariis opponenda*, which does look something like a general principle of action, was never asserted as such, in systematic medicine, until Hahnemann fished it up, into the light of day, out of some dark corner in the Hippocratic treatises, where it is set forth as a special maxim for the treatment of certain kinds of disease. Though possibly true enough in its way, the maxim had, long before Hahnemann wrote, been consigned to oblivion. It utterly fails to represent our practice at this time, as would any other axiom of general law.

Speculations, as to the *modus operandi* of medicines, have ever been most unprofitable and fruitless, in results, to medical progress. The sum of our knowledge to-day is the result of experimentation and clinical experience almost solely. Improved knowledge of physiology, pathology, the natural history of disease, and experiments upon the lower animals, as to the phenomena produced by drugs and other agents, will doubtless, in the future, enable medicine to be reduced to a more scientific basis than is possible now; but it is improbable that the variety of nature can ever be reduced to the simplicity of a single axiom or law, or any perfect system of medicine be formed, or based, upon such law.

The meaning of "pathy" is method of cure, or the man-

ner in which remedies act in curing disease; a subject entirely beyond our powers of observation, just as are the intimate nature of all physiological processes. Therefore a pathy is an absurdity. We have none. It is certain that remedies act variously; just how they act is past finding out in the great majority of instances. *Results* we can observe, but the minute manner of nature's methods are an enigma. As I have said, we have no pathy, have neither dogma nor creed, no stereotyped theories to hedge in and cripple investigation. We recognize no authority but science; blindly follow no prophet. Within our schools and societies there is room for, and actually exists, the widest diversity of views in regard to theory and practice. None assume to decide authoritatively how diseases shall be treated, or what theories shall be orthodox, what remedies shall be prescribed and what proscribed. We claim to be *physicians* simply, acknowledge no other name, but indignantly reject the gratuitous and officious attempts to favor us with one by those who delight in polysyllabic adjuncts to their own. Our only rules are ethical ones, relating to the conduct of physicians toward each other.

We deprecate the existence of exclusive sects in medicine since, so far as they have any influence, they can only retard progress by diverting to the interests of party the talents which should be devoted to the advancement of science and truth.

A review of the long history of medicine exhibits a vast variety of medical doctrines and sects. The intellectual world has been given to forming theories and systems. Men have hoped by deductive reasoning to find some principle or law which would make medicine one of the exact sciences. We see following each other the doctrines of empirics, dogmatists, anatomists, methodists, humorists, solidists, pathists, vitalists, iatro-chemists, iatro-mechanists, brunnonians, etc., etc.; and in the present century we have homœopaths, isopaths, physiopaths, hydropaths, eclectics, botanies, clairvoy-

ants, and I know not how many more. Richard Grant White says he once saw a sign labeled "Indianopathic Doctor," which title is about as correct, etymologically, as most of the rest of these outlandish names.

All these sectaries of the present, persist in stigmatizing us as "Allopaths." We most emphatically deny the impeachment.

When we consider the state of the sciences in the past, the almost total ignorance of anatomy which existed up to the sixteenth century, and of chemistry, philosophy and pathology, until a period almost within the memory of men now living, it is not strange that medical theories were so crude and absurd; each one more fantastic, if possible, than its predecessor. The vicious system of reasoning from generals to particulars, or the deductive method universal until Bacon's era, and quite general until recently—which is totally unadapted to scientific investigation—is, no doubt, mainly responsible for the backwardness of medical knowledge; though the superstitious reverence for the dead among all the nations of antiquity, and during the early centuries of Christianity, was an insuperable bar in the way of the cultivation of anatomy.

The only branch of medicine (except symptomatology) which made any considerable progress during the historic periods, was therapeutics, and it is surprising what a mass of facts were accumulated in this department, which have stood the test of our increased knowledge and improved methods of research. It is also true that all this mass of practical knowledge, all the real improvements in the medical art, were made in spite of prevailing theories. The ancient doctors speculated in the academy and closet, but at the bedside applied the proven facts of clinical experience, holding their theories, for the time being, in abeyance, thus tacitly acknowledging their insufficiency.

This disposition to ignore or violate theories in practice, is as palpably apparent now as at any time in the past,

though I think the ancients possessed this superiority over modern sectarists: they were more candid in acknowledging the deficiencies of their systems. They had not the sublime opportunity of the followers of Hahnemann, in the distortion of facts, in baseless assumptions, and in the fine art of disguising their medicines in sugar, by coloring, and under new-fangled names, with intent to deceive their patrons. Nor was there in the history of all the past ever known any vagary quite so absurd as Hahnemann's theory of "psora" as the cause of all chronic diseases, except syphilis and a few others, or any thing so transcendently ridiculous as the doctrine of infinitesimals, or potencies, or the spiritual action of remedies, as the Homoepaths designate their dogma, that medicines are increased in potency by division and attenuation, carried to utter intangibility as well as to utter nonsense.

The law of "similars," that diseases are cured by remedies which produce symptoms similar to those of the disease—which is the corner-stone of this dreamy fabric, is not entirely new, since it is found in the Hippocratic collection, where it is mentioned as a mode of action of certain medicines in some affections; but no one before Hahnemann was visionary enough to announce it as a universal axiom, the "sole method of cure," "a divine revelation," for the cure of all diseases, except those caused by the psora.

The farcical system of "provings" of the symptoms produced by incomprehensibly minute doses, running through days and weeks after swallowing or smelling the dose, I will dismiss without further notice, since it has no parallel in the history of medicine, or anywhere else.

It is an important and remarkable fact, in the history of medical theories that they have all been derived, more or less directly, from some prevailing system of philosophy. My limits will not permit a notice of these relationships, further than to mention a single modern instance: the close connexion between the visionary theories of Hahnemann and

the mystical dreaming of Swedenborg, whom Maudsley pronounces, after a thorough analysis, to have been insane. An examination of the writings of both, will convince most people, of average intellect, that the doctrines and statements of the former bear a close similarity to the vagaries of the Swede.

A claim is set up on behalf of Homeopathy, and sometimes without due consideration admitted by physicians, that this "jumble of nonsense" has been useful to the medical world, in one way at least, in showing by the coincidental cures attending their administration of medicines without material qualities—the self-limiting character of many affections, and by their example, lessening the dose, and making less repulsive the medicines of regular physicians. It should be remembered that there have been expectants and nihilists in medicine in all ages, and their example taught nothing new in this regard.

The practice of Hippocrates himself, would nearly come under the first class; Asclepiacles, founder of the sect of Methodists, in the second century, characterized it as "a meditation on death," on account of its expectant and circumspect character Everybody understands the sources of fallacy in Homeopathic statistics, from the fact that none, or very few of them, confine themselves to infinitesimals, or to the principle of similars, the latter of which is indeed an impossibility, since they can not know what is past finding out: the *modus operandi* of remedial agents, in health or disease.

Neither are our improved pharmaceutical processes indebted, in the slightest degree, to their example. The wonderful progress made by chemistry during this century has enabled us, by the use of alkaloids and active principles of drugs, and the new substances furnished us to prescribe in small bulk and agreeable form, remedies, that formerly were unavoidably bulky and nauseous. Pharmacy, in its modern form, is the child

of chemistry, and is still in its early youth. Whoever heard of Homeopathic chemistry? There is no such thing. No! These improvements in the matter of medication are the product of the spirit of the age. They have been developed within the regular profession. Not from outside influence.

To the botanics we may concede the credit of calling attention to a few substances of indigenous vegetable origin, which seem to have some value. Most of these were used as domestic remedies in various parts of the country, and their properties were partially known. All, I think, belong to classes already quite full, and fulfill indications which may be met by remedies previously in use, or derived from other sources. Nothing of any value has been added to the Materia Medica by any other irregular school. None of them have any literature worthy of the name, nor have they made any discoveries in the scientific parts of medicine or the laws of health. All draw upon our authors for their text-books in every department, but therapeutics, and practically for that too, mainly.

In their libraries, the books they *use* have familiar faces to us; their own, what few they have, are found in dark corners, and dust-covered. The suggestion is obvious.

To come now to our proper relation to these various pathies sects and systems. The dignity, as well as the true interests of medicine, demand that we should continue to repudiate them, to refuse them professional fellowship and countenance. As I understand it, the chief objection to all of them is on account of their sectarian character, their organization into exclusive parties, the names they assume to attract attention to themselves, and to their systems, real or pretended, for they all claim to be reformers, denouncing us as old fogies, and murderers even; and what seems to us as dishonesty and quackery, their constant use of methods and remedies, disguised when possible, which are totally at variance with their professed principles, but which are distorted into apparent support of them. To their actual prac-

tice, except the features just mentioned, we make less objection. It may seem absurd and nonsensical, but that is an affair of their own. No authority in our ranks pretends to dictate in matters of practice, and it never was necessary to institute a new sect on that basis, unless, as an accompaniment, there was denunciation of all who practiced differently.

We insist that there is no occasion for sects in medicine; since party divisions necessarily engender and perpetuate strife, where all should be accord, and since none but selfish and unworthy ends are effected by them. As already said, the regular profession has no party name, no handle to the title of Doctor; it has no creed or body of fixed and immutable principles to which it demands subscription; but all are at liberty to believe and teach what to them seems truth. We do not regard uniformity of practice as desirable or possible. Our pharmacopeia is only a matter of convenience, and is constantly improving. We claim the liberty of drawing upon the whole accessible universe for our means of treating and preventing disease. This broad basis is the only one upon which medical unity is possible. The necessary steps to this desirable consummation are these: discard all party names and pathics; cease all efforts to found or perpetuate systems based upon a single idea or set of ideas; denounce none for mere difference of opinion or practice; and postpone indefinitely all speculations as to the mode of action of remedies, except such as may be proven by scientific methods of experiment, of recognized value.

The only requisites for admission to our societies are education, intelligence, respectability, and business integrity and fairness. The only grounds of expulsion therefrom are, violations of our code of ethics, which does not embody doctrine or mode of practice.

The history of medical sects in the past shows their evanescent character. Signs of inherent weakness, the prelude to dissolution, are apparent in those of the present. They have degenerated to mere advertising dodges, the trickery of which must soon be patent to all; and then they will "crumble away like the baseless fabric of a dream."

Some Practical Points

—IN THE—

EYE DEPARTMENT.

BY W. W. SEELY, A. M., M. D.

Prof. of Diseases of the Eye and Ear, in the Medical College of Ohio.

SOME PRACTICAL POINTS

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The treatment of granulations will always, I fancy, admit of suggestions; and probably all who have to do with this disease will be only too glad to avail themselves of such suggestions.

So long as the cornea remains intact, the usual absorption method frees the lining of the lids from the neoplasm, and the cases recover, in due course of time, without affording the attending physician any special alarm. But the case is quite the reverse the moment vascularity of the cornea appears.

The vascularity that comes down from the upper portion of the cornea is usually spoken of as pannus by irritation, though, of course, it may be of the same character as the lid trouble.

Without discussing the distinctions, if such exist, of the corneal trouble, independent of ulcerations, etc., I desire to make a suggestion, that, so far as I have acted upon it myself, has been of service; namely, the regarding the case, so soon as the cornea becomes involved in any way, by pannus, ulcerations, etc., as taking on a double form. I think, in all such cases, in a word, we must assume a tendency to kera-

titis; and, in order to treat the case successfully, this fact must be borne in mind.

I grant an exciting cause—the lid trouble—and that it must not be overlooked; but I feel that too often too great stress is laid upon ridding the lids of their affection, hoping that in this way the corneal difficulty will be relieved.

The atropia so frequently used in granulations, especially when the cornea is involved, is, of course, one of the chief remedies in keratitis; hence, that, along with the treatment of the lids, relieves a large number of the cases in question.

There are a vast number of cases, however, where this plan of treatment avails only partially, or for a time, repeated relapses occurring, and the eyes finally being lost, perhaps by ulceration of the cornea.

I would suggest, that, in all cases, the affection of the cornea be regarded as independent, only occurring under unfavorable circumstances; hence, to be treated as if occurring alone, especially if the treatment adapted to the lids and the atropia is not sufficient to check the corneal affection.

I have found that the dusting in of calomel (not always, however, agreeing, any more than in ordinary idiopathic keratitis) upon the cornea, and the the use of the yellow oxide of mercury ointment, is of the utmost value.

ABORTIVE PHLYCTENULAR CONJUNCTIVITIS.

I have so styled a form of conjunctival inflammation, that I see a large number of cases of each spring and fall. The ocular conjunctiva is congested beyond all proportion to the palpebral trouble; and yet no distinct, and, in many cases, no trace of phlyctenulæ is present.

In the majority of these cases, I have made use of calomel alone, dusted into the eyes. This form of inflammation is especially intolerant of astringents of all kinds, (these being sufficient to develope the phlyctenulæ) even morphia; and, of course, it is not a violent enough disease for the inconveniencing atropia.

PHLYCTENULAR KERATITIS.

This exceeding troublesome affection in children unquestionably gets well, and parents always receive the comforting assurance that it is not a dangerous affair. Atropia sometimes does harm, and the continued use of calomel, dusted into the eyes, along with tonics, fail to give relief. When this seems to be the state of affairs, I advise the use of the yellow oxide of mercury salve alone, or combined with the division of the external commissure, feeling that the photophobia is rather to be relieved by *local* than *general treatment.*

ELECTRICITY IN AFFECTIONS OF THE OCULAR MUSCLES.

This is a very valuable remedy in all affections of the ocular muscles, and within the reach of the majority of practitioners. While it is said that most of the paralysis of the ocular muscles are dependent upon syphilis, the recovery does not always, by any means, take place from an anti-syphilitic course. I have in my book many cases of paresis of ocular muscles, in patients with a , and yet no present manifestation. I have never failed relieving such, by the application of the constant current, followed, perhaps, with some treatments with the faradis.

FATIGUE OF THE CILIARY MUSCLE,

Too, indicated by some such symptoms as these, occurring especially in children. The patient says he is unable to use the eyes long; that they smart and become painful—watery, possibly; that he bats the lids frequently; the pupils enlarge.

An examination fails to reveal any defect in the refraction of the eye, or want of balance in the external muscles. Ordinarily rest would be prescribed, and the muscle stimulated with the calabar bean. The electrical stimulation answers a better purpose.

INSUFFICIENCY OF THE INTERNAL RECTI MUSCLES.

The entire matter of the relation of the balance of the external muscles of the eye, to ocular fatigue, is so strictly a special matter, that I will only mention its *frequency* as a source of the fatigue children, and others, complain of.

SPASM OF ACCOMMODATION, COMMENCING MYOPIA.

I presume every oculist has satisfied himself that the constant strain upon young eyes is a prolific source of absolute disease in faultlessly constructed eyes.

It may not be so well known to the general profession, that a so-called *normal* eye, or even a hypermetropic one, may, by constant strain, be converted into an abnormal, unhealthy, myopic eye. It is surprising to see how many eyes, when presenting for an examination, are affected with spasm of the muscle of accommodation, and hence are apparently slightly myopic. This is probably the starting point of the true myopia, that not unfrequently results. I am glad to see that the old ideas in regard to myopia, that nothing can be done for it, are yielding to the more recent investigations.

I, for years, made examinations of the eyes of children, finding a great amount of apparent myopia, and yet was unable to make vision perfect with any kind of corrective glass. After I began the use of electricity, in ophthalmic practice, I found, in many cases, I could restore perfect vision by the application of the current; demonstrating, conclusively, that I had to do with only an apparent myopia, and that the apparent amblyopia was probably dependent upon irregular astigmatism.

I then solved the riddle of at least a portion of those cases that were somewhat benefited by near sighted glasses, but in which a large amount of amblyopia still remained, as an incurable state.

Now, from such facts, an important lesson may be learned. Every child that complains of its eyes should have a proper

examination; or, if failing in that, should be allowed a time for thorough rest of the eyes. If it complains of a growing inability to see the blackboard, or other objects in the distance, an examination should be made of the eyes, in order to prevent the development (or increase) of a myopia, by the proper rest to the eye and muscle of accommodation. Children spend a vast deal more time in school-rooms than is good for either their mental or physical development. In fact, school-rooms are a sort of nursery, where parents can deposit their children eight hours of the day, and thus be rid of their care.

The time has come when we must begin at the beginning; the period when an ounce of prevention is worth a pound of cure. The people must be taught that our function is not simply to *cure*, but to *prevent* disease.

The Use of the Aspirator,

in

Cases of Retention of Urine,

By P. S. CONNER, M. D., Cincinnati, O.

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Every practitioner recognizes the gravity of cases of Retention of Urine, and the imperative necessity of speedily relieving the distended bladder. Impacted calculus, perineal injury, stricture, acute or chronic disease of the prostate; it matters not what the cause of the retention, the bladder must be emptied, or most serious consequences will result. If by catheterization the urine can be drawn off, so much the better for patient and physician. But as every one knows, in cases of tight stricture, contusion of the perineum, or greatly hypertrophied prostate, the introduction of a catheter, is frequently exceedingly difficult, often an impossibility. In very many cases of perineal injury, laceration of the urethra and consequent extravasation of urine, is the result, not of the injury itself, but of the unskillful attempts at catheterization. If, by proper manipulation with appropriate instruments, the bladder cannot be reached, what is to be done? Either perineal section must be made, or the bladder tapped through the perineum, the rectum or the supra-pubic space. But perineal section, under such circumstances, means not the simple cutting upon a staff, but section without a guide, an operation, confessedly, one of the most difficult in surgery. If the retention is owing to ure-

thral laceration, and extravasation has taken place, then, section should be made at once. Three such cases, have recently come under my notice, in which aspiration was resorted to. In one, the patient recovered after extensive sloughing of the scrotum and perineal region; in a second perineal section was made, but the patient died in less than seventy-two hours; in the third, death occured before an operation could be made.

Tapping with trocar and canula, either through the perineum, the supra-pubic space, or, and preferably, through the rectum, cannot be considered an operation, either so simple or devoid of danger, as that it may be undertaken without hesitation, by one unfamiliar with the anatomy of the regions, or unaccustomed to operating. Since the introduction of the aspirator, with its hollow needle and preliminary vacuum, we have been possessed of a method of tapping the bladder, certain, easy, quick and safe. Without fear of doing any damage we may pass the needle through the perineum, the rectum or hypogastric abdominal wall. It is this latter supra-pubic puncture, that has been and will be almost always made, and the merest tyro in surgery may undertake it. Any point over the distended organ may be selected, but the place of election is in the median line, from 2 to 3 inches above the pubes. The tapping in this region, may be made not once nor twice, but over and over again, as long as the necessity may remain. In a case of retention from stricture, I aspired three times in the thirty-six hours, immediately preceding the making perineal section. In a case, under care of Dr. Whittaker, where urethral laceration followed perineal injury, the Doctor aspirated some half dozen times or more, ceasing the tapping only, after the patient became able to empty the bladder in the natural way. In a case of similar character, I used the aspirator ten times, in eight days, until indeed, the urethral nut was healed, and the boy was able to pass his water, without assistance. In another case of like kind, for nearly two weeks, aspiration

was made twice a day, by my friend Dr. Cleveland, of Cincinnati. In two other cases that I have seen, one of injury, the other of disease, retention was relieved by aspiration, but extravasation took place. The literature of the profession, furnishes very many cases of similar aspirations. In none of my own cases, or those of my friends, have any unpleasant consequences followed the operation, nor am I acquainted with any report of such occurring in other places, the bladder being the organ tapped. The introduction of the needle, causes so little pain, that even a young child may submit to it, without a whimper. Scarcely a trace of the puncture can be seen upon the skin, after the withdrawal of the needle. In the case where I tapped ten times, only ten little red points, of varying intensity of color, could be seen forty-eight hours after the tapping ceased. In any case of retention, recourse may be had to the use of the aspirator, without fear of injury; and such recourse, should, I believe, always be had in cases of urethral laceration, if extravasation has not already taken place. By thus avoiding the disturbance of the edges of the rent, which must be the consequence of the introduction of a catheter, an opportunity is afforded for union, by first intention, or at least early ready repair of the injury, and the danger of the production of traumatic stricture, decidedly lessened. In three cases, that I have carefully watched, where the bladder was duly emptied, and the urethra diligently let alone, in a few days, the urine was passed *per vias naturales*, and no subsequent trouble was developed.

As respects the instruments required, a word may with propriety be said. Valuable as the improved aspirators are, so far as tapping the bladder is concerned, they are not absolutely necessary. The essential thing, is a preliminary vacuum, acting through a tube entering the bladder. My friend, Dr. Cleveland, in a case already referred to, after using the aspirator for a time, found, by experiment, that complete emptying of the bladder, could be effected, by attaching to

the needle, a long piece of rubber tubing, filling it with water, and making a siphon of it; and a similar expedient has been reported, as resorted to by a gentleman in Texas. An aspirator needle, and three or four feet of rubber tubing, are then, all the instruments required, with which to quickly, safely and pleasantly relieve a patient from the pains and perils of retention of urine. Further and more serious operative interference may ultimately be required; but the immediate danger can thus be avoided, and in very many cases, by the avoidance of such immediate danger, the patient will be restored, at once, to comfort and to health.

An Inquiry into the Mortality from Consumption in Life Insurance.

With a Consideration of its Cause, and Suggestions for its Abatement.

BY WILLIAM B. DAVIS, M. D.,

Professor Materia Medica and Therapeutics, Miami Med. College, Cincinnati, Ohio.

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With the causes, pathology, physical signs and treatment of phthisis pulmonalis, you are familiar, and it is not my intention or province to treat of them, or even of the disease itself except so far as it has a bearing on life assurance. My aim is simply to call the attention of the society to the vast influence which consumption exerts on life assurance, briefly discuss the mortality from it among selected lives, make a few suggestions for its abatement, and, incidentally, consider some of the duties, difficulties, and embarrassments of the medical examiner.

DR. SIEVEKING says: "Among the features that may be regarded as characteristic of modern Christian society, life insurance stands prominently forward as peculiarly unselfish. Its main object is provision for those whom death deprives of their bread winner and protector, and entails self-denial and forethought on the part of the individual who takes out a policy. . . . The more the principles of life insurance are understood, the more certain they are to be appreciated and acted upon."

During the year 1874, in the State of Ohio, death claims

amounting in the aggregate to $1,292,365.00, were paid by the life insurance companies doing business in the State. And there was at risk during the same period $137,630,545.00 upon the lives of citizens of our State. An immense sum based upon a slender tenure, all of which must inevitably be paid within the next forty or fifty years. Large as it is, yet when we consider that there are but 55,716 policy-holders in the State, whilst the population of Ohio numbers nearly three millions, we will realize that life insurance is but in its infancy. A business with such immense interests requires the greatest caution and care in its management. Life insurance is essentially a commercial contract between two parties—the company and the applicant for insurance. The company agrees to pay a given sum to the heirs of an individual after his death, provided that, during life, he will comply with certain stipulated conditions. Chief and first of said conditions being that a competent person, after a careful examination, shall certify that, in his judgment, the said individual will live out his *expectancy*. It is evident that the safety of the company is based upon the correctness of the tables of expectancy of life, and the ability and wisdom of the individual who makes the personal examination.

In determining the average expectation of life at different ages, some of the ablest minds of the world have devoted their time and attention; namely, Dr. Farr, Dr. Guy, Mr. Nieson, and others. These tables have been verified in so many different ways, that their accuracy is not questioned. We are informed that "there are few things less subject to fluctuation than the duration of human life in a multitude of individuals." If, then, the tables of expectancy are correct, the security of the company is narrowed down to the examiner, and the examiner being a physician, the safety of life insurance depends on the medical profession. Does the profession appreciate this important and responsible relation? Medical examination for life insurance is a specialty. It requires a special kind of knowledge not found in ordi-

nary text books of medicine, not taught in our medical colleges, and not suggested by the clinical study of disease. A man may be a competent and successful practitioner of medicine and not be a good examiner. Hence a special study of the problems which underlie life insurance, namely, longevity, inheritance, etc., and a clear conception of the significance and importance of all questions propounded in the medical examiner's blank, are necessary qualifications for the intelligent discharge of a medical examiner's duties.

It will be impossible, in the limits of this paper, to consider more than one of the *medical questions* which are associated with the *system of life insurance.* Questions which it behooves every gentleman to familiarize himself with who accepts the position of medical examiner. I have selected probably the most important one and invite your attention to a consideration of

THE INFLUENCE OF CONSUMPTION ON LIFE INSURANCE.

Phthisis Pulmonalis is, of all diseases, the one which life insurance companies most fear. And, it is in the detection of traces of this formidable disease, that medical examiners render the most service to the companies which employ them. Dr. Farr, Registrar-general of England, stated in one of his reports, "That consumption is the greatest, the most constant, the most dreadful, and the most fatal of all the diseases which afflict humanity." In 1871 there were seventy thousand deaths from tubercular disease in England."

Dr. J. G. Fleming, Medical Adviser of the Scottish Amicable Life Insurance Company, states, in a recent report, that "of all diseases phthisis is the one which assurance companies most dread, as from it the greatest amount of premature mortality occurs."

Mr. H. W. Porter, in a paper entitled, "An inquiry into the question as to how far the inordinate mortality in this country [England] is controllable by human agency," states,

"consumption is the great terror of the country. It has hitherto defied all human skill, and entirely baffled medical science."

In our own country the mortality tables of insurance companies indicate that consumption is responsible for one death in every four, and often for one in every three, of the total mortality.

The policy-holders of a life insurance company constitute a society of selected lives, which should present a more favorable mortality record than that of the community at large. An applicant for life insurance must submit to an examination at the hands of a medical gentleman, who must certify that he is in sound health, and that his prospects for living out his expectation are favorable, before he can receive a policy. A medical examination, properly made and accurately reported, should and will guarantee an insurance company that its death-rate will be below that of the population at large. What are the actual results?

According to the last census report, fifteen per cent. of all deaths in the United States were from consumption.

The Registrar-general of Great Britain reports the mortality from consumption in that country for the same period to be the same (15.) The mortality from consumption, among the selected lives of insurance companies, is from 25 to 30 per cent.

It is true that the general mortality represents deaths at all ages, whilst insured lives represent few under sixteen years. When this and all other exceptions are fully allowed for, the fact still remains, that consumption claims a larger percentage of victims from selected lives than from the population at large, even after excluding those under sixteen years of age. If this be so, and all insured lives have been examined by medical men, and recommended by them as sound and safe lives, is not this excessive mortality an opprobrium to the profession—at least that portion who are medical examiners?

It is true that individuals, whose tenure upon life is doubtful, will be more solicitous for the benefits of life insurance than those who know that vigorous health and long life are their family inheritance.

It is equally true, that the agent—the typical insurance agent—is a man of indomitable zeal, ready speech, emphatic utterance, and irresistible push. His object in life is to insure mankind and pocket the commissions. Every man whom he persuades to make an application for insurance whom the medical examiner does not recommend, is the equivalent of so many dollars out of his pocket.

In addition to this, in many cases the examiner has been appointed at the instigation of the agent, and is led to believe that his continuance depends upon his (the agent's) good will. Then, the applicant may be a personal friend, a patient, or a person of influence in the community, whose good will or ill will may be of great benefit or injury to him. These are some of the influences brought to bear upon the examiner; and it is not difficult to understand how a weak man, or an unscrupulous one, may be controlled by them. Yet they are considerations which no honorable physician can permit to swerve him from his conviction of duty. Now, what is his duty?

At the threshold of the door which this question opens may be found the cause of the majority of failures of physicians to satisfactorily discharge the medical examiner's duties. A large proportion of the practitioners of medicine have not given a thought to the medical questions which underlie life insurance. They do not seem to comprehend the full significance of an accurate and detailed family history; and it is difficult to make them understand that one of the most important problems—namely, longevity—is involved in this history. They know that certain diseases are constitutional and transmissible; yet, when called upon to examine a party who is in the vigor of manhood, they will often unhesitatingly pronounce him a superior risk, although they may have

just recorded the fact that several members of his family have died of hereditary disease. Most inexperienced examiners base their judgment solely upon the personality of the individual examined. "Every tub must stand on its own bottom" is a sentiment which has struck deep roots in American minds, and it is difficult to convince some persons of its fallacy when considering the expectation of an individual life.

Another source of misunderstanding, on the part of the examiner, is his relation to the company. He does not always understand that in accepting the office of examiner he has obligated himself to act in the company's interest. A physician is in honor bound not to betray the confidence of his patient; yet, as medical examiner, he is equally bound to set forth every fact having any bearing on his health, or family history, which a rigid examination can discover.* In every examination the interest and safety of the company must be kept steadily in view. Dr. Brinton aptly says: "With the examiner it is a question of safety; with the agent it is a question of commissions. The examiner is valued for what he detects and what he prevents. There is no doubt but for the scrutiny of the medical examiner, the fraudulent concealment of disease would be so frequent, that the present system of life insurance would be impossible. We would have a class which might be regarded as selected expressly for their badness."

As it is, the ugly fact stares us in the face, that there are more deaths from consumption among selected lives, than from the population at large, even after excluding those

*If a patient presents himself for examination for life insurance, concerning whom the examiner has information bearing on his personal or family history, which, if stated, would have a prejudicial influence on his life, said information having been obtained by virtue of his relation as family physician, it is the duty of the examiner to remind him of this information, and of its bearing upon his life, and to inform him that if he makes the examination that it will be his duty to set forth this information.

under sixteen years of age. Why and how does this occur? Who is responsible? Can it be prevented? These are leading and important questions, which I will endeavor to answer.

1*st*. *Why does this excessive mortality occur among insured lives?* In my judgment it occurs because individuals who are conscious of the presence of phthisis, or apprehend its development, are more solicitous for the benefits of life insurance for their families than those blessed with vigorous health, and a clear family record, and, hence, a large proportion of this class apply for, and receive, insurance.

2*d*. *How does it occur that members of this hazardous class are accepted?* Insurance companies would not accept them if all the facts in their history were clearly set forth. Hence, deception has been practiced somewhere. After a careful examination of a large number of death returns, and the applications upon which their insurance was based, I am convinced that the deception mainly occurs in the suppression of facts mainly relating to the family of the applicant; and, it is accomplished, by giving vague or indefinite answers as to the causes of death of parents, brothers and sisters—namely, "Don't know," "change of life," "childbirth," "fever," "exposure," "debility," etc., when, in fact, consumption was the potent factor in producing death.

It is well known that phthisis often stands in abeyance until pregnancy, and as soon as delivery occurs, runs a rapid course; and if there be a lurking taint of the disease in a vigorous woman, who has successfully passed the perils of child-birth, she is very apt to succumb to the severe strain incident to the climacteric period.

3*d*. *Who is responsible for the suppression of these important facts?* I should say, first, the companies themselves; second, the agents; third, the applicants; and lastly, the medical examiners.

The company's responsibility lies in the fact of their permitting and even requiring the agent, or applicant, to fill up the blank pertaining to the family history.

In doubtful cases, when the applicant does not know, or is disposed to avoid clear expression of the cause of death, a few leading questions, from a qualified person, will scarcely fail to elicit the probable cause. The knowledge necessary to ask these questions, and judge of their replies, is only possessed by an expert physician, and forms no part of an agent's education.

Then both agent and applicant are interested parties—the agent's being a pecuniary interest, his commissions, amounting to several hundred dollars, often, on a single risk. The Agent's Manual informs him as to the causes of rejection. He knows that if hereditary disease has manifested itself in two or more members of a family, that family is debarred from the benefits of life insurance.

Again most individuals are unwilling to believe that a hereditary taint exists in their family, and when any symptoms manifest themselves, they are disposed to ascribe their presence to special causes, not hereditary in their character, as "exposure," "childbirth," etc., and they say, often truthfully, that their relatives were in good health until their "exposure" or "parturition," and hence persuade themselves that these were the actual causes of death. When such a person is desirous of effecting an insurance on his life, and meets an agent whose income depends upon the number of lives he insures, it is not difficult to understand how and why he reports members of his family having died of "exposure," "childbirth," etc., and it is not difficult to understand why the agent has no interest in sifting the statements of this person, and, furthermore, does not regard it as any part of his duty to doubt the accuracy of his allegations.

The applicant is now passed over to the medical examiner, and the only questions having a bearing upon the family history, which he is expected to consider and answer, are the following: 1. "Has the person any predisposition, either hereditary or acquired, to any local or constitutional disease?" 2. "Have the person's parents, brothers or sisters, been

afflicted with pulmonary or other diseases, hereditary in their nature?" When the medical examiner comes to these questions, he usually casts his eye over the family history, as recorded by the agent or applicant, and if he finds no record of hereditary disease, he writes a negative response. His responsibility consists in not subjecting the applicant to a rigid examination as to the alleged causes of all deaths in his family, and satisfying himself as to their correctness, particularly when vague and indefinite expressions have been used.

Just here I may be permitted to state that, after an experience of over eight years, in a home office of a Life Insurance Company, supervising the examinations of one thousand six hundred medical examiners, I have never had reason to believe that any one of them had intentionally misrepresented or suppressed important facts in their reports. I wish I could bear as positive testimony to their faithful discharge of duty. *Whilst there are many who are thoroughly qualified in all their duties, and conscientious and fearless in their discharge*, there are others who are careless and indifferent to their trust, and some manifest an ignorance, of which, graduates of regular medical colleges should be incapable.

4. *Can the present rate of mortality from consumption among insured lives be prevented?* In my judgment it can be very materially reduced.

(1.) By connecting all questions pertaining to the family history, and all questions relating to the present or past condition of health of the applicant directly with the medical examiner's blank, and requiring him to answer them. Two companies have adopted this method, and with the most satisfactory results.

(2.) Select the best physician in every locality as the medical examiner, particularly those skilled in physical diagnosis.

(3.) Revise the old rules governing companies in the acceptance of risks having a hereditary taint in their family

history, and make the conditions such that but few can be accepted. It is great injustice to the better class of risks to compel them to pay premiums sufficiently large to compensate the companies for their heavy losses in this class. I would not deprive these persons of the benefit of insurance, but I would arrange them in a class separate from others, and let their premiums be commensurate with the risk which the mortality tables of insurance companies prove it to be.

The following is a brief statement of the rules which, in the main, govern most companies in the acceptance or rejection of risks: "Where both father and mother have the disease, and particularly when both have died from it, you must decline the risk. Where one parent has died of it, and it has appeared in the offspring, as a rule the risk should be declined. Where one parent has died of consumption, and the other is in sound health, with no predisposition to the disease, and the applicant is in sound health, and *strongly resembles the healthy parent, and is thirtg-five or forty years of age,* he may be recommended." These rules are based largely upon the belief that at the age of forty half the danger to consumption is over; and at fifty, three-fourths. Recent investigation seems to antagonize this theory.

The latest English authority, Dr. Sieveking, in his work entitled, "The Medical Adviser in Life Insurance," says: "The proclivity to phthisis commences at puberty, and though the succeeding ten years are generally regarded as the most fertile period of life for the development of this disease, this view is based upon a fallacy, as the disease is statistically shown to occur with almost uniform frequency up to the decline of life. After fifty the proportion of deaths from phthisis to those living is nearly the same as at an earlier period."

On page 131 he states, "In life assurance the claims result largely from phthisis, and it is here that medical selection tells more according to the manner in which it is con-

ducted than in any other form of disease. . . . The tables of Dr. Chamber's 'Decennium Pathologicum' give further proof that youth is not to be regarded as the 'harvest time' of consumption, and that the proportionate mortality from that disease does not vary between the ages of fifteen and seventy." (Table on page 132.) Under the subject of the special tendency to hereditariness in phthisis, he states, "It is here, therefore, peculiarly necessary, that the family, as well as personal antecedents of the future policy-holder, should be carefully investigated. And we warn the medical officer against yielding to the popular impression that this inquiry becomes unnecessary after full manhood is reached, as the danger to phthisis continues beyond the age of sixty."

Dr. Begbie in "A Report on the Cause of Death among the assured in the Scottish Widows' Fund," states that but *six per cent.* of the total mortality was from consumption; and adds, "This gratifying result in the experience of the Society is, no doubt, due to the care and caution exercised by the Board in the selection of lives, as far as possible, free from consumptive taint, and chiefly to the rejection, as ineligible, of all the younger applicants for assurance in whose immediate family, tubercular disease has, unequivocally, manifested itself. The effects of this procedure are clearly shown by decennial periods in the two reports."

The company, with which I am associated, has not adopted the stringent rule of the "Scottish Widows' Fund," but still adheres to the rule, which govern most companies, in the selection of risks having a constitutional taint in their families. It has, however, permitted the Medical Directors to embody the following schedule, pertaining to the family history, in the medical examiner's report:

What is your FAMILY HISTORY, according to the following schedule?

☞ In stating the cause of death, avoid such expressions as "*general debility*," "*change of life*," "*fever*," "*exposure*," *or any other indefinite term.* If the expression "*child-birth*" is used, be particular to state how long after the delivery of the child, and also whether there were any symptoms of chest trouble, viz: cough, expectoration, loss of flesh, night-sweats, etc.

	Age if Living	Condition of Health.	Age at Death.	Cause of Death.	How Long Sick.	Previous Health.	Was There Cough in Last Illness?	Is it Probable that he or she may have had Consumption?
Father.								
Mother.								
Brothers.								
Sisters.								
Father's side. Grandfather								
Father's side. Grandmother								
Mother's side. Grandfather								
Mother's side. Grandmother								

I Hereby Further Declare, *that I have read and understand all the above Questions put to me by the Medical Examiner, and the Answers thereto, and that the same are true, and that I am the same person described as above.*

.....*Person Examined.*

We require definite and well considered answers to all the above questions when it is possible to obtain them. Vague expressions, as "change of life," "exposure," "child-birth," "don't know," etc., are not received—or failing to obtain more accurate information are regarded as prejudicial to the life of the applicant. The question of longevity, as well as that of hereditary disease, being involved in the family history, we are particular in requiring the ages and causes of death of grandparents to be specified. A sufficient length of time has not elapsed since the adoption of this plan to present reliable data; yet it is an encouraging fact that during the period of its operation our mortality from consumption has been much lower than before, being 14.28 per cent.

The importance of scanning the family history closely, and requiring the ages and causes of death to be specifically stated, can not be too strongly emphasized. There is no law more clearly set forth by vital statistics than that like will produce like. Long-lived parents beget long-lived children. Mr. Porter, in the paper referred to in the first part of this report, says: "Walker, in his work on Intermarriage, advances the theory that, under certain restrictions the male gives to the progeny the external or locomotive organs, and the female the internal or vital organs. Arguing from analogy of breeding among animals, this is more than a mere theory; and the fact is well known to breeders of stock. So much, indeed, do certain known laws with respect to propagation prevail, and so thoroughly have they been made the subject of scientific investigation, that a cattle breeder can produce within certain limits, almost any class of animal he desires."

"If we recognize the truth of this theory, the necessity for extreme caution on the part of life assurance companies in accepting the lives of individuals whose mothers have died from hereditary diseases becomes clearly apparent.

Still, arguing from what has been proved to be the case with respect to animals, assurance companies might with reason carry their inquiries into the family history much farther than they have yet thought of doing."

According to the statistics of the Brompton Hospital for consumptives, "it appears that females are more likely to inherit the disease than males in the proportion of two to one." Where one parent only was affected with pulmonary disease —the father being so affected—transmitted their disease to their sons in 63 out of 106 cases, being 59.4 per cent. of the whole; to their daughters in 47 cases only out of 108, being 43½ per cent. While the mothers being consumptive, transmittted the disease to their sons in 43 cases, being 40.6 per cent.; and to their daughters in 61 cases, being 56½ per cent., of the cases. Judging from these figures it would appear that the transmission of phthisis to sons by phthisical fathers, and to daughters by phthisical mothers, is almost identical; and the same results are shown, by a similar comparison, of the statistics of insanity.

Dr. John Stockton Hough, of Philadelphia, in an article "On the Laws of Transmission," in the *Medical Record*, 1873, page 577, says: "Females more frequently transmit hereditary diseases and defects than males, though they less frequently exhibit them. Males less frequently transmit and more frequently exhibit inherited diseases and defects."

The laws which govern longevity are more or less involved in the consideration of this subject, but I shall not tax your patience with a consideration of them at this time. M. Flourens maintained that man ought, by virtue of his natural constitution, to live a hundred years, and that his natural term of life is abridged only by his own improvidence, follies, and excesses. The length of human life he attempts to establish by the laws of growth and by analogy: namely, that every animal will live, on an average, five times the period of his growth. Thus, as it takes, on an aver-

age, twenty years for a man to reach his perfect growth, the limit of life would be one hundred years.

Dr. Nathan Allen, of Lowell, in a paper read before the American Public Health Association, in 1873, says all of the prerequisites for longevity may be conveniently arranged or summed up under three distinct heads: namely, constitution, inheritance, and obedience to law. These show that there is no fortuitous chance or mystery in them, but that they are all governed by laws which can be understood and obeyed. They expound the great laws of inheritance—the prerequisites of health. They explain the necessity of a sound constitution and a well-balanced organization. They show the relation and importance which human agency holds in propagating a sound and healthy stock. They teach every individual man clearly the peculiarities and weaknesses of his own constitution, as well as what are his particular dangers or liabilities to disease.

DISCUSSION ON DR. W. B. DAVIS' PAPER.

Dr. T. A. Reamy, of Cincinnati, remarked:

I do not intend to discuss the very able paper of my friend, but only make one suggestion. And the propriety of that suggestion arises out of the fact, that this paper, which is to be put into the transactions, will appear as the sentiments of this Society. An enterprise which involves such a large amount of money, and in which so many lives are interested, certainly demands, of the medical profession, some thought. In listening to the reading of the paper it may have been noticed that its author put it on this ground: that the only parties connected with this whole transaction, are the parties insured, and the agent who solicits the application. That point is made three times in the paper. The

agent is peculiarly described, graphically described, poetically described, in every way, as an energetic, impudent man, seeking his living alone. He assumes that he is a dishonest man, and, therefore, it is also said, by implication, that the agent cares only for his living.

The other assumption is, that the insurance company's only object is to benefit mankind and *not* to make money. Now, I speak as one having connection with an insurance company, and do not hesitate to say that they are organized to make money, and they have a *right* to make money; but this paper implies that their only purpose is to do good to the heirs of men when they die. The profits made by the company are utterly ignored. If this statement is true, it is not fair to exclude the deceased from enjoying the benefits of this charitable arrangement, for the more the family is afflicted, the more they ought to have the charity!

The paper claims that the agent only wants the money, and abuses the medical profession for its ignorance. In all his vast experience there is not an instance in which a medical man has kept back anything, pertaining to the medical examination, which he should have reported. I know personally of two cases where an agent solicited a man who had been nearly dead of hemorrhage, and one company paid a loss where the man died, eighteen months after being insured, of consumption. I have known a number of such cases. What has that got to do with consumption?

If children are included, you will find that it is not a fact that more of the insured die of consumption than of the uninsured. Their medical reports do not include the children.

The medical examiners are selected largely by the agents, as a gentleman said to me, "I receive, on an average, one letter a week, from the company, inquiring whether a certain man is competent to make a medical ex-

amination, or whether he is truthful, etc. I am obliged to answer that question negatively or affirmatively. He may have been my neighbor or schoolmate; he may have gone to school since I saw him, and I don't know whether he has got the learning or not, but I am obliged to answer something and I do not wish to condemn him."

The companies pay for a medical examination, two or three dollars! The author of the paper says you are ignorant. He says you must have special knowledge; must have the power to philosophise upon the probabilities of a man's expectancy, and must have great skill in medical diagnosis. How must a man answer these questions? Upon his honor, and in the interest of the company alone. Upon two obligations, his own morality, and his pecuniary interest which amounts to two or three dollars! These are the safeguards upon his conduct.

The author of the paper assumes that, as examiners, as Doctors, we must examine the history of the family for three or four generations, and must even go so far as to determine whether a man begets the internal or the external organs of his children!

I say this, independently and fearlessly, though I am medical examiner for two or three companies; let the companies select competent physicians, and *pay* them accordingly; pay them for the *time* they spend in the labor of making every examination; and let them pay their men in proportion to the *amount* of the risk the company takes upon the life insured. The *infirm* are the men who want $20,000! The suspicious cases are the ones that want the largest risk upon their lives, and the medical examiner is to be paid only two or three dollars. Let the author of the paper, which is admirable, go on and write again upon the subject.

Dr. S. F. Forbes asked the author of the paper whether

the statistics read were from insurance statistics or from the mortality reports at large.

Dr. Davis: "They are based largely upon the insurance companies of England."

J. W. HAMILTON, of Columbus, said:

In the first place, I am much pleased with the paper. It is a concise statement of important facts, bearing upon an exceedingly important subject.

The subject of the influence of Phthisis upon Life Insurance, has not been, with me, a special study. The subject of Life Insurance, however, has been the subject of a very great deal of critical and careful study, experience and observation, and I have been impressed for years, that the Profession at this point, owed a great deal to itself; that we really occupy a position in reference to this matter, that does us a very great injustice. That is my present opinion. As a matter of fact—in *our* vicinity, it amounts to this: You find an *invalid*, and you will find a man who is *insured*. I think that I am not straining a point in making this statement. I make it as the result of careful investigation and study, and I feel justified in making the statement before the Society, that in my own vicinity it is so. I recollect a case after *this* fashion: One, who was a warm friend of mine, came to my office one day, and said to me: "Doc,"—now I don't allow *many* men to say *that* to me, but he had known me all his life—"I want you to tell me whether these 'spells' are going to kill me?" He was a *very* hard drinker. I said: "I have told you a good many times my opinion on the subject." He said, "because if they *are*, I want to get my life insured!" I said: "You certainly understand that life insurance is for *healthy* persons." Said he: "I know that's the way they talk about it, but when a fellow feels as though he was going to die, he wants to have his life insured." He went on with his drinking, and finally died. No application was made through me. Two weeks or so, after he died, a policy turned up: I found that it was dated, just about the

time of this interview. He was insured, and because he was satisfied those "spells" were going to kill him.

Another case: A resident of Madison, was affected by an enlarged condition of the parotid glands and cervical ganglia. I venture to say it could be seen, could be recognized as a morbid growth, at a distance of forty rods.

One day a man came into my office, and said he had come all the way from New York, and wanted to know whether this man was going to die, or not. He said he had made an application for life insurance, at such a date, that his application was accepted, and a policy had been issued for $10,000; and he wanted to know whether he had better deliver the policy or not. I declined to answer the question. The thing stopped, only, when it had got into that shape.

I recollect another circumstance. A prominent citizen came to my office, and complained of headache. I told him to come back the next day, and I made an analysis of his urine, and detected Bright's disease. I learned that he had bad epileptic seizures Five or six weeks afterwards, I visited him again, and found him in fearful pain, and about dying. The next day, I met a man going to make preparations for his funeral. And the *next* day, I met an agent for a certain Life Insurance Company, who had in his pocket a policy of insurance, for $5,000, not yet delivered, and wanted to know what he should do—it being partly paid for. I could not tell him. That policy of $5,000 was *paid*, less half the premium.

We had some litigation in connection with a life policy, within the past year. In that litigation, it turned out as bad as *this*, that in the first place, the evidence was, that the agent knew that a certain man uninsured, was of bad health. In the second place, it turned out, that the Doctor who made the examination, knew the man himself, but was supposed not to know his condition. The policy was issued for $5,000, and the man died sixteen or eighteen months afterward. A post mortem examination revealed cirrhosis of the left

lung, which was pressed up to the capacity of less than one lobe of the lung, and an enlargement of the right lung, its capacity being increased over sixty per cent. The diaphragm and liver were carried up to occupy the place of the left lung, the heart carried over to the right side of the sternum. I have no doubt these conditions were present at the time of the examination. The Court, I think, was satisfied of that, yet it allowed that policy to stand. Just what I think it ought to have done. The man himself, was the only innocent party in the case. The doctor and the agent were scoundrels!

My deliberate judgment, so far as life insurance in the neighborhood of Columbus is concerned, is, that to the healthy man, who acts in good faith, it is a practical fraud! I don't know where the blame lies. It is pretty badly scattered, but there is one source of it, so manifest, that I think, as medical men, we ought to fix our attention upon it.

You will find, on careful observation, that, in the city of Columbus, it is not the first, nor the tenth doctor of the place, who makes these examinations. They are gentlemen who are found on the outskirts of the profession. Somebody is found who is willing to do it *cheap*. Competent men make but few examinations. They are little inclined to make examinations at two or three dollars per head.

H. J. Herrick—"I am glad to have this discusion (I do not rise to make a speech); I approve of every word which has been said. I make a motion that these points, which have been so well put, be so reported in our Transactions as to convey to the public the sentiments of this Association." *Carried.*

W. J. Scott—"Some years ago, when I moved to Cleveland, I had not much business, and as a matter of business I made an effort to get some examining to do—at least, if the agents came to me, I took the cases. I found it was customary to pay $2 00. Well, when I hadn't anything to do I could afford to spend a little time with the case. Pretty soon, after I had made several examinations, an agent came to

my office and said: "Doctor, I have an applicant for life insurance, and my examining surgeon is not in his office, and the man wants to go home; I want you to examine him.' 'Very well, sir,' I said, 'I am at leisure.' I looked over the policy and saw that his part of the performance was all 'O. K.' On examination I found the man had double valvular heart disease. I said to the agent, "there is no use of making the application, because it will be rejected." It was sent on and *returned.* About two months after this application was sent and returned, another man sent in an application for this same applicant, and a policy was issued for $10,000 on his life. It was sent to the same office and accepted. The Company did not attend to their part well, or they would have *known* that this man had been reported there before. I have had this gentleman in my eye from that time until this, and that was nearly ten years ago. He is *living* yet, but *now* he is in the very last stages of the condition of anasarca, and this fall will see him in his grave. What is to be done? They ought to pay that $10,000, in justice to the man, because they paid a man to perform a duty that any fool in the profession (if it is possible for him to get there) ought to have known better than to have done so. This paper does not deal *honestly* with the profession. I claim, gentlemen, that the profession *is* qualified to make these examinations *as* a profession. If we do our duty, as men, to ourselves, our education and our art qualifies us to make these examinations correctly; and if we do not do it correctly, then we are incompetent to make an examination for the Company, and ought not to have the $2 00. But the $2 00 is too small a fee. If any decrepit, poor, neglected wretch should come into my office, I would charge him $5 00 for a similar examination, and these rich companies ought to pay $5 00 or $10 00, according to the gravity of the examination, for every case submitted to the examining surgeon.

"There are some questions which might be brought out by the discussion of this paper of the greatest importance

to us as a profession, but I think I can make but one point in that way. I meet, almost every day of my life now, people, who, unquestionably, have tuberculosis. Many of them *are* applicants for life insurance, (and God knows they *need* life insurance worse than any other class, because they will die soon and leave families in want); but it is not that class of people the insurance companies propose to take care of. The Poor Laws of the State are made to take care of them, and it is unjust to the profession that we should degrade our skill, and our knowledge, in putting these men into life insurance companies, when we know they will die in a few years with tubercular consumption. It ought not to be so. The statistics, which have been read here to-day, are a standing reproach to us as a profession. Every physician should be competent to determine the question, whether a man has tuberculosis, or heart disease, *at once*, and every application which states that the applicant has either one of these diseases, ought to be rejected. The greater these applicants feel the pressure of disease upon them the greater the amount of policy they seek, because they don't expect to pay a great amount of money before their families can claim the amount of the policy.

"Another point upon the vital statistic question is this: I meet, almost every day, persons who have incipient consumption. And I often find that their fathers and mothers are living and in good health; that their grand-fathers and grand-mothers have lived to good old age, and that none of their brothers and sisters have died of it. Now, is tubercular consumption always a hereditary complaint? It is *not* always so. It is not necessarily so. So that if we are wide-awake to these questions we will see that because a man's brothers or sisters, who otherwise have a good family record, have died of consumption, it need not *necessarily* affect him.

"Now, gentlemen, with these remarks, I resign the floor; I simply wanted to add my testimony to what has been said, that the profession so far might think upon these questions. Many of these examinations are made in such a way as not to do credit to the man making the examination, and to do

great discredit to his skill afterwards. Not because he is not competent, but because he neglects to perform his duty. I know this is so from what I have observed on the subject. Every man making an examination should make such examination, with rigid scrutiny, that these points will be developed. That is the way. Then, such a set of statistics, as has been read here to-day, would not appear or be possible.

Dr. W. B. Davis said: Before the question of reference to the Advisory Committee is put, I wish to occupy about a minute's time of the Convention, more for the purpose of correcting some misapprehensions on the part of the gentlemen who have spoken upon the subject of this paper, rather than to enter into the discussion.

The gentleman first on the floor, after the reading of the paper, said the paper charged the insurance agents with being dishonest. I wish to state, in general terms, and specifically, that the reading of the paper, and its phraseology, does not so do. I disclaim that position. The gentleman also said the paper contained unjust imputations upon the medical gentlemen employed as examiners. He will remember that I stated distinctly, that, after an experience of eight years as medical director of a company having sixteen hundred examiners on their books, I had never met with a single instance where I knew of a single one, of all of them, to misstate any of the facts.

He then claims that the paper further casts imputations upon professional men by saying they are incompetent. It will be remembered by those of you who followed me closely, that I stated, that, while there were many competent men as examiners, who discharged their duties well and conscientiously, there were others who did not do it carefully, and others who had not intellect and sufficient culture to be worthy members of the profession. And I wish to call attention to the fact, that the gentleman *himself*, and the members following, used language reflecting more upon the profession than I did. No one present thinks more of the profession than I do; and gentlemen not high up in the ranks

of our profession are competent in every way, and I should be the last one to place myself in a position of being accounted a slanderer of my profession.

One gentleman stated, with reference to an examiner and an agent, coupling them together, that they were both scoundrels! The gentleman stated that he knew of a medical examiner who passed a man far advanced in phthisis. I do not think the language I have used, in my paper, will at all admit of the construction the gentlemen have put upon it.

In reference to the point I made—that consumption rarely presented itself before the age of sixteen—the gentleman has differed from me; but I gave some good authorities, while he gave none; and the statement he made, is worth just what his individual statement is worth, and no more.

The other questions spoken of were not questions considered, in my paper at all.

Dr. J. T. Whitaker, of Cincinnati, said: The paper could have been more properly read before the Board of Underwriters, inasmuch as it did not tell how to determine the presence of the disease.

Diseases of the lungs are not hereditary, but simply a local expression of a general debility; the lungs being the organs most in use, are proportionately liable to be affected. He had been medical examiner five years for two large insurance companies. They had raised his examination fee from $3 00 to $5 00, on application.

About these diseases being held in abeyance during certain periods of life, as pregnancy and parturition, this theory was long ago exploded; was the flimsiest sort of a doctrine, and ought always to be preached against. If a patient has the least manifestation of the disease, his physician should discourage matrimony. Matrimony will exaggerate it. If the patient does not die in the first puerperal bed, she will in the second or third.

About the influence of parentage upon the organs of the body—that the father fixes the externals, and the mother the

internals—this is an old idea, come down from Galen. At one time it seemed to have some foundation in truth. There is not a single atom of the body of a child which does not partake of the father *and* the mother. There is no single atom of the body, internal or external, which does not partake of the nature of *both* parents.

DR. REAMY: I am perfectly willing to await the appearance of the doctor's (Davis) paper, to vindicate my remarks. He says I made the issue that consumption was developed before sixteen. I made no such issue at all. I stated that the fact that such a large proportion of the population of the whole country, from which the statistics of the registrar-general of England were taken, and from which he quoted —that the fact that such a large proportion of them died before five years, they, therefore, did not die of consumption. If he will add the figures together, he will find that they, which apparently illustrates his charge about the mortality of the insured, is a mistake.

The doctor denies that he made any reflections upon the capacity of medical examiners. I know some of their medical examiners, at least, are good. I have certified to the goodness of some of them; but I do know that all I said on the subject was, that, on the one hand, he stated that the certificate showed inability on the part of the examiner to make the certificate; whilst, on the other hand, he said he had not known of a single instance where the examiner had made a misrepresentation.

The man of whom I spoke was buried in Spring Grove, and I challenge investigation; and he would probably be surprised to find out who the examiner was, and who the company was. I know the man had been my patient; I told him and his wife, not more than three weeks before he was passed into that company, that it was impossible for him to live two years. He had been down with hemorrhage to extremis twice.

DR. NOYES, of Detroit: Dr. Whitaker says he had only to

write to headquarters when he wanted his fees raised, and it was done. This is not the case with the companies in Detroit. We got a fee of two dollars, for an examination, for a number of years. The fee was afterwards raised by the society, and these very companies refused to pay more than $2 00, and said they could get enough examiners at $2 00.

I have known medical men to go into workshops and make examinations, simply because the agent required them to do it, for $2 00. A medical man is just like any other man: he will do just that kind of work that he is paid for. That is, he is going to do $2 00 worth of work when he gets but $2 00 for it. And this talk about *honesty* is all bosh. The medical profession is just as honest as any other profession, not excepting the clerical, and no honester.

PUERPERAL BLINDNESS,

With Cases.

By W. J. SCOTT, M. D., OF CLEVELAND.

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I desire to report a few cases of a condition often met with, accompanying or following gestation and parturition. These conditions are frequently not recognized in their first stages, and come under observation after the exciting cause has passed away.

Case 1st, Mrs. A. During the latter part of her last gestation, she had headache, and, during parturition, the pains, she says, were excruciating; she made a slow recovery, and had, for a year, imperfect vision. When she came to me, I found her with these symptoms—vertigo—so that she was in danger of falling. She had poor digestion; ringing noises in the ears; imperfect vision; could not read, for the letters coalesced and became confused. The eyes were painfully affected by bright sun or gas light; the memory was deficient; she was despondent and apprehensive that she would not get well. The bowels torpid and constipated; urine, normal in quantity, and contained no albumen; specific gravity, normal. By the ophthalmoscope, chronic congestion of the retina was visible; phosphoresence before the eyes; the light passing from right to left. This condition had existed during sixteen months.

Case 2d, Mrs. L. Has a similar history to Mrs. A., but her trouble had been of much longer duration, and had more seriously affected the eyes. She had suffered a choroiditis and pyramidal cataract of one eye. These disturbances, leading to such serious conditions, commenced, during her last pregnancy, five years before.

Case 3d. Three years ago, Mrs. P. consulted me with the following symptoms: Five months pregnant; primipera; extremities swollen; face œdematous; poor appetite; imperfect digestion; tinnitus aurium; imperfect vision; constipation; perverted taste; ptosis of right eye lid; loss of memory; palpitation of the heart; albuminous urine, which, by heating, about one-fourth precipitated. I did not examine the eye as to the condition of the circulation. I gave a laxative, followed with nux vomica, belladonna, sulphate of zinc, and tincture of iron: during the treatment the symptoms subsided, and she completed her term successfully, and did well. She has not been pregnant since.

I have met a few cases, with other physicians, of similar character. I have not found this class of cases very well referred to in *the books*, either of obstetrics or ophthalmology. Regarding these conditions as depending on an altered condition of the blood, and, consequently, an abnormal nutrition of the parts manifesting the symptoms, the anomaly is, that, even after secondary conditions have been induced, the patient often lives along, without fatal results, for a long time.

I referred my first case, here spoken of, to Dr. D. B. Smith, for his diagnosis. He confirmed my opinion and treatment. The patient has improved to a certain condition, and there remains, not perfectly well, but able to attend to her domestic duties. About this time the Doctor had two cases, with similar histories, in whom the conditions had gone along, unappreciated, until softening of the brain had occured, and then proved fatal. I have no doubt that many cases of puerperal conditions have sequellæ, which become very troublesome to the pathologist, if he does not connect them with their source. The treatment of these conditions has been imperfect, as their pathology has not been understood. All this class of trouble arises from the condition of albuminuria. Recently I have found several cases of this kind mentioned in Fordice Barker's book on puerperal diseases.

The symptoms and histories of his cases are similar to the above. He says, at page 77, you have observed that the greatest anxiety of the patient before you, is manifestly, with reference to the recovery of her sight, and you will naturally ask, "what encouragement am I warranted in giving her?" Although but few cases are reported of the recovery of the sight when seriously impaired by albuminuria during pregnancy; yet I have seen several cases wherein recovery was complete. In another where the character symptoms were well marked, vision became so impaired, that she could hardly distinguish the outline of objects when placed in a strong light. She had one convulsion previous to her confinement, and five after the birth of the child. Her convalesence was rapid; the albumen disappeared from the urine, and her recovery was perfect in every respect, except sight. I repeatedly urged her to consult some one of our eminent oculists. After three months, her husband determined to consult *Von Graefe;* but while in England, she improved so rapidly, that they thought it unnecessary, and after eight months she returned with her sight perfectly restored. In an after pregnancy the eyes became again affected, but to a less degree.

A very remarkable case was reported by Dr. Fourgeaud, of San Francisco. The patient had had several miscarriages, and two living children, who were born at the eighth month. The Doctor saw her a week before labor, "her face was then œdematous, and she complained of loss of sight, so that she was unable to read, or to distinguish persons a few feet from her. Her labor passed without convulsions. One morning after, the Doctor found his patient parapligic. The motive power of the legs was entirely lost; sensibility being but partially impaired. There was paralysis of the rectum and sphincter, with involuntary discharge of feces, paralysis of the bladder, with retention of urine; amaurosis; the eye-sight being almost entirely gone." In two months the paralysis was removed and the sight so far restored, that she was able to read.

In the history of such cases there are sometimes found some phenomena not very easily explained. I believe that, almost universally, the primary cause is a kidney *disturbance*, and almost always there has been connected with the case albuminuria, and, often when we see the case there is no albumen in the urine.

In one case to which Barker refers, there was no albumen found at the time of observation before delivery, after delivery, serious symptoms presented, and on examination, albumen was found present. The cause of albuminuria, as we would suppose having been removed.

It has been found also, that the albumen of pregnancy differs from that contained in the urine of Bright's disease; it shows different effects by re-agents.

Kobin has shown that "the albumen of the urine in Bright's disease, when brought in contact with the oxide of copper, assumes a beautiful reddish violet color, and produces a more or less abundant flocculent black precipitate. The urinary albumen of pregnancy, when Bright's diseases does not exist, will coagulate readily by heat, and nitric acid added does not produce any such reaction. Kobin has also shown, that the granular casts, found under such circumstances, are not characteristic of any organic pathological condition of the kidney. There seems, therefore, to be alotropic conditions of albumen, and, it may be, that the condition of albumen may produce the kidney trouble, as well as produce the other conditions which may depend upon the character of nutrition.

Some questions of interest grow out of this subject. Is a female thus affected once, more liable in after *pregnancies?* These conditions are most common in primipera. If they have occured in two pregnancies, should we interfere and *prevent* a recurrence in the third one? What interpretation can be given to all the phenomena of a well-marked case; the nervous, the circulatory and the muscular phenomena?

One of the most important, and to me, remarkable conditions in these cases, is the slow, persistent, long continued

congestion of the retina and of the brain, from which the patient may, and often does recover most perfectly—as we see by cases reported by *Barker*. The case of Livingston, in which all the signs of grave constitutional and local trouble were manifest, recovered perfectly, after having gone through all the conditions incident to this condition—and had not any such trouble in after pregnancies.

In the last number of the Obstetric Journal, there is reported a nice typical case, seen by Dr. Sager. She had previously enjoyed good health, except that she had become amblyopic about a week before the birth of her second child. This condition, however, passed away in a few weeks after delivery.

During the present pregnancy, she had suffered much from headache, affecting the posterior and superior part of the head. About three weeks ago, the right eye became affected with dimness, which condition, in a day or two afterwards, extended to the left. The amblyopia gradually deepened, until she has become almost completely amaurotic. During the last few days she has not felt fœtal motions, which were previously active, and they cannot be excited by any abdominal manipulations—auscultation yields only negative results. No œdema of the face, body, or limbs. The urine contained a large amount of albumen. The patient aborted during the sixth month of a fœtus, having apparently been dead for some time. The amaurosis gradually diminished, but the pupils continued for some time somewhat dilated but moderately sensative to light, and the visual obscurity gradually disappeared under the use of fractional doses of bichloride of mercury, and comp. tinct. cinchona.

Dr. Simpson reported two cases, which occured a week or two after parturition, in connection with uremia.

But the most remarkable case is reported by Dr. Eastlake, in the transactions of the London Obstetrical Society, in which, in seven successive labors, the patient had amaurosis, two or three days after labor, that lasted from three to five weeks.

These facts should make us guarded in expressing opinions,

as to the necessity of such patients ever again becoming pregnant, after such accidents. Often I have met with these troubles, the patient saying to me, that Doctor So-and-So said "I could never have *another* child."

On the other hand, we often meet with cases in which the condition occuring a second time, the eyes become permanently amaurotic, *or*, the patient loses her life with brain disease.

I believe if Bright's disease be present, that the symptom is of vastly more importance, than if we simply have albuminuria from congestion of the kidney.

The question of treatment is important to the patient—what can we say to the patient? Is the prospect of successful treatment of these conditions flattering? Sometimes, before childbirth, the symptoms may be relieved by judicious medication, on a rational therapeutic basis, and after the uterus has been emptied, and that source of congestion has been removed, and the albumen subsides, we may generally accomplish much by treatment. But if the albumen continues in the urine, nothing will be gained by medication.

Barker, in his book, advised the use of muriated tincture of iron, in moderate doses, with occasional doses of tart. soda or potassa, after having purged the patient with elaterium.

It seems to me, that in the treatment of the sequellæ of this kind of albuminuria, we need a more extensive medication and one better meeting the physiological conditions present. We have often to meet heart complications, which depend on muscular debility and enervation, as well as brain and kidney complications. The early recognition of these conditions, may be of the utmost importance to the patient, as well as to the reputation of the physician. Many of these cases go through the hands of the physician without his seeing the importance of these, to him, slight symptoms into the hands of the ophthalmologist, to be told that they have already an organic disease of the eye, which has occurred by night, and by a process of slow change, which possibly might have been avoided at an earlier period, by a better knowledge of the

pathology, and application of good therapeutics in its earlier stages. The conditions may be met by free doses of tincture of iron, or the etherial acetic tincture of iron, with moderate doses of tinct.digitalis. The secondary sequellæ may be treated by strychnia, nux vomica, bromide of sodium, ammonium, or potassium, belladonna, etc., so as to remove the long continued congestion, which I have seen to continue for five years, and even at that length of time, to be almost entirely removed by judicious medication. The most remarkable phenomena which are presented by these cases, are the long continued congestions, which the patients suffer, and yet recover from so completely. The chronic congestions of the retina, and some of the structures about the base of the brain, which manifest peculiar symptoms, by disturbance of function, and those which occur in the kidneys are peculiar, and are produced by peculiar conditions of nutrition, and probably do not depend upon arrest of circulation, by pressure on the emulgent veins of the kidneys, for sometimes the removal of these conditions does not remove the symptom, and sometimes the symptom presents itself after parturition has been completed.

The pathological condition may not be removed from the brain or kidney, by removal of what has been considered the exciting cause. If organic changes have occurred, perfect recovery may not be accomplished, either by time or medication. The short history of the few cases on record, however, show *that*, in most cases, the prognosis is favorable; also, the published accounts show that these accidents having occurred, there is a tendency to recurrence in after pregnancies; and the history of the treatment shows that proper treatment is of the highest possible importance, before and after the completion of parturition. The question has presented itself to me—what advice shall be given to people who have suffered from these conditions in the first pregnancy? would it be justifiable advice to prevent conception, or to remove the fœtus afterwards? I think, only after serious symptoms have presented themselves, should we interfere. We cannot always tell what accommodations may be made to ward off danger. We have seen that in primipera, these conditions may occur, and not recur again under similar circumstances.

To Prevent the Development of Laryngeal Tumors.

BY DR. WHITTAKER.

To Prevent the Development of Laryngeal Tumors.

BY DR. WHITTAKER.

There is more reputation to be gained in individual cases in the cure of an existent than in the prevention of a threatened disease. A small-pox patient esteems more highly the physician who has conducted his disease to a successful exit than Jenner who set up a bar against the entrance of it into the bodies of most of his fellows. So, for a local fame, an operator had better extirpate a full blown laryngeal tumor with complicated apparatus than nip one in the bud with simple applications.

Nevertheless—it would be absurd to argue it here—prophylaxis is the greatest triumph. The most skillful operation ever made for stone in the bladder by cutting or crushing is entirely insignificant, as a manifestation of skill, when compared with the prescription of that regimen in diet and drink which will prevent the formation of a stone at all.

Tumors of the larynx are not of very frequent occurrence. Yet they are not by any means so rare as is commonly supposed. Up to June, 1870, Mackenzie* alone had treated over 150 cases. In his private practice laryngeal growths occurred in the proportion of 1½ per cent. of all the cases of throat disease including the pharynx. Lewin observes that it is extremely probable that in former times many cases of sudden death, attributed to apoplexy or heart dis-

* Essay on Growths in the Larynx, etc., by Morell Mackenzie, M. D. Phil., Lindsay & Blakiston, 1871.

ease, were due to spasm of the glottis caused by growths. Tumors often exist without serious, sometimes without any symptoms at all. The number of diagnoses secured in some graver cases has been limited only by the number of examining physicians when a post mortem examination revealed a laryngeal tumor which had been previously not even suspected.

It has been my fortune recently to have had a number of cases of laryngeal disease. Among these, mostly cases of simple hyperæmia with alteration of the voice, were two with roughening of the cord surface and two with tumors. I have scarcely a doubt, from my observation of the tumor cases, that the cases of roughening would have developed into tumors had they been left alone. The tumor in one of the tumor cases was quite small, about the size of a small pea. It sat upon the left vocal cord just at its center and projected upward. I showed it to three of my colleagues, Professors Conner, Seely and Longworth. It was a young tumor, only about six months old, but small as it was and favorably situated it caused a violent and incessant exhaustive cough. Cough is a very rare symptom in laryngeal tumors. In Mackenzie's 100 cases it occurred in only 12 per cent. This patient—a young married lady—came to me to be treated for the cough which had baffled the skill of her two former attendants. I burned the tumor off with caustic and the cough subsided. I am now engaged in preventing its recurrence by local applications while the patient is rapidly gaining flesh and strength.

The tumor in the other case is very large and very old. I have shown it to at least a dozen physicians. It was as large as the end of the little finger and laid between the cords at their anterior insertion, was adherent to their inner surfaces, more extensively to the left cord and dipped down below them so that the upper edge of the cords overlapped the mass of the tumor in attempted phonation. The patient, a well known attorney at law, has been completely aphonic

for over a year. He had been treated with sprays, probangs, inhalation and internal medication before I saw him for every imaginable disease of the larynx. One irregular practitioner had even galvanized his throat on the outside. He had been sent out to Colorado and came back more voiceless than when he left. I am now engaged in extirpating the tumor, of which I have removed more than one-half by evulsion with Stoercks and Mackenzie's tube forceps. I mention the case here only as a melancholy example of neglect of proper prophylactic treatment at the start. The two cases of hyperæmia—one a farmer, one a student—have both perfectly recovered with full restoration of natural tone to the voice—the impairment of which being the symptom for which they presented themselves for treatment.

I am very firmly of the opinion that the proper treatment of the mucous membrane on and about the vocal cords at the very beginning of development into projecting masses will arrest the exuberation entirely. The treatment which I have to suggest has nothing novel in it. It is not to mention the treatment I have prepared this paper, but to represent the necessity of looking into the larynx in every suspicious case. No one can acquire the least information about the laryngeal box or treat any of its affections by pressing down the root of the tongue with the handle of a spoon and daubing the back wall of the pharynx with a caustic solution. In most instances such applications do harm. What would be thought of a practitioner in our day who would treat a disease of the neck of the womb by painting caustic around the vulva or vagina? Yet there is just as much reason in it as in the former case.

The prevention of the development of laryngeal tumors is now attracting much consideration. Dr. H. Lennox Browne, Surgeon to the Central London Throat and Ear Hospital, and to the Royal Society of Musicians, read a paper a few weeks ago before the Medical Society of London in which he strongly urged the prophylactic treatment.

He says: "It is most important that every practitioner should make himself *au fait* with the use of the laryngoscope, and in every case of hoarseness examine the larynx of the patient at the very earliest date. Let him treat the hyperæmia when it first occurs, and he will also see a new formation, should one arise, at its very commencement, or at least on the first approach of symptoms of its presence. It can not be too strongly urged that the cause of hoarseness is not to be discovered by pressing down the tongue with a paper knife and looking into the back of the mouth, and that a localized inflammation, ulceration, or irregular formation within the larynx is not to be healed by swabbing the pharynx with a brush charged with a solution of nitrate of silver or pushing a probang similarly loaded down behind the tongue, unguided by the mirror, in the vain belief that it is going into the larynx, while in the one case out of ten in which it certainly reaches no further than the superior surface of the epiglottis, it as certainly finds its way down the gullet."

He insists upon it that the moment the least irregularity of the cord is visible, the practitioner should at once make mineral astringent applications to the spot daily until there is a diminution of the growth or ulcer and then on alternate days or less frequently as may be required. He has seen many cases of neglected hyperæmia of the larynx, in which after an interval—sometimes only a few weeks—a new formation has sprung up, and he has also often seen cases of small growths in which, by early local treatment, a distinct cure has been effected.

The treatment which I have employed consists in applications of solutions of silver nitrate of various strength *ad locum morbi;* the strength of the solution graduated to the expression of the inflammation. When there is a distinct but small tumor I have used the silver in stick. The stick may be reduced to very small size by holding it under a stream of running water, or, the safest method, it may be

melted and applied with Lente's uterine probe. This is only the old treatment. It was not to mention it, as I have said, that I have written this paper, but to put new emphasis, if possible—an emphasis that has been impressed upon me by a number of neglected cases—upon the point that to treat alterations of the voice and prevent the development of laryngeal tumors we must look not into the pharynx but into the larynx.

REMARKS ON PAPER OF DR. J. T. WHITTAKER, ENTITLED: "TO PREVENT THE DEVELOPMENT OF LARYNGEAL TUMORS."

DR. J. H. BUCKNER, of Cincinnati:

The paper of the gentleman is certainly a very interesting and valuable one, because it calls the attention of the society to a subject too often neglected. We are apt to treat this subject too lightly.

We are not, however, to understand, that whenever we have congestion of the vocal cords, it follows, necessarily, that we have tumors on the vocal cords. Severe hoarsness frequently denotes a bad cold, and many of these cases get well spontaneously; and a good many get well when properly treated.

Whenever congestion of the vocal cords has run on five or six weeks, it is necessary to examine them with the laryngoscope. It is not always necessary, however, to commence treating the case with nitrate of silver; it is not always necessary to put the sponge or the camels hair brush, loaded with nitrate of silver, upon the vocal cords. A good many of these cases may be removed by the inhalation of tannic acid.

When such treatment is not used the case may go on, and we may have thickening of the mucous membrane of the vocal cords. Nitrate of silver, is not the only remedy for every case.

In regard to the application of nitrate of silver in these cases, I would say that whenever we have a tumor of the vocal cord, of any extent, if it is any thing more than a mere thickening of the mucous membrane lining the part, nitrate of silver is not sufficient in ordinary solution to remove it. Tumors of that kind require to be removed with the laryngeal forceps.

DR. H. J. HERRICK:—I was struck at the outstart of the paper at its prophylactic tendencies, and yet the author goes on to treat of tumors. I would have the antecedent steps of the formation of the tumor, fully discussed, the pathological conditions, antecedent to its formation. In fact, it seems to me, we *must* have these antecedent steps. I think we may conclude, that the formation of tumors is due to the exhalation or exudation from inflamed mucous membranes of the vocal cords of the larynx. One can hardly think of treating them with a strong solution of nitrate of silver, unless they are purulent exudations. You should take means to subdue these. Another form of tumor, would be from the sloughing out of a portion of the mucous membrane, developing a funguoid growth. In these cases, does nitrate of silver arrest the growth? In these cases, if I understand it, we are accustomed to resort to other means, than nitrate of silver. But there is a stage in the process of the growth, where it is applicable, and that is, where this growth has assumed a fibrous character. You may use external applications of a soothing character, particularly if the difficulty is acute. You may also use sprays of a soothing variety with advantage—either distinct or medicated sprays with the inhaler.

DR. J. T. WHITTAKER:—I am very much complimented, by having some notice taken of the paper. I do not think Dr. Herrick's remarks touched the paper at all. I spoke of the exudation of the mucous membranes that prolonged themselves into tumors. It was in the use of the means of *preventing* these, that was the subject of my paper. If you arrest this exudation in time, you can prevent a laryngeal tumor. These

sprays, to which we frequently resort, are of no value at all, so far as my experience is concerned, or my reading. The point *is*, to make the application directly to the diseased spot. The very point I wanted to make, was this: not to be content with any general application, but to touch the precise point, where the difficulty occurs, and thus *prevent* the formation of the tumors.

Dr. W. J. Scott:—Well I do not profess to be a surgeon, operating with this kind of difficulties, yet I see them occasionally. The gentleman speaks about *looking down into the larynx* with an instrument, and I should judge from the way he expresses himself, that it is a very easy matter to take a laryngoscope and look down and see any thing which is present there, with *him* it may be easy; with *me* it is *not* so easy a thing. It is not easily done. This is a good deal like the talk of the men who use the *microscope* all the time. If you hear a man discuss the observations which he makes with the microscope, you would think he could describe any thing he sees. This is not so, but a great many of them see any thing they look for! Now, sir, the point at which these little Polypoid growths occur most commonly, is at the *lower end*, in the lower part of the larynx. It is no easy matter to look down and see what is the matter there. I have *tried* it two or three times. I remember the case of a child about four years old; the child came from near Sandusky; he had some trouble in the larynx. I would like to see any man, I don't care what his skill and adaptability in making these examinations, take a child of that sort and look down into the larynx and *see any thing at all.* And if a man can not diagnose the condition of the larynx *without* the laryngoscope, he can not do it *with it.*

But it is not in children that these troubles generally occur. You can not *do* it then. I have tried it. This patient, suddenly, one day, when he was lying on the floor, began to breathe hard. *Suddenly*, I say. A physician in the neigh-

borhood was sent for; the parents thought the child had got something into the wind-pipe. His breathing was bad, like croup; there was something which interfered with respiration. The mother was not a woman of very great observation; I was called in, and I could not find out from her whether the child had been sick for some days previous, or not. The people said the Doctor said there was something in the wind-pipe. Occasionally there would be a paroxysm of difficult breathing. I was satisfied, from the *cry* of the child, that the difficulty was not in the trachea, but it was in the larynx. Well, I tried to look down into the throat; I couldn't see any thing. I might look down with my laryngoscope in one hand, and would have to put down the application with the other. I would then have my hands full; I would not be able to do it; that kind of treatment is utterly inapplicable in such a case. I told them I didn't believe there was any thing in the trachea. I then went away. They came to my office one day, and said they had come for advice; they wanted to know what the Doctor would charge to make an operation; I was satisfied, and he was satisfied that it was a polypoid growth. But why did not the symptoms show a slow and gradual development? We didn't tell them what was the matter. They wanted us to make an operation, and to know what it would cost. The Doctor said he would charge as much as they could pay. And as they owned a farm near Sandusky, they could probably pay pretty well. They got hold of a surgeon who made the operation. The child died. On *post-mortem* examination they found a little polyp at the lower end of the cord. How should you treat that?

Dr. Green, a very celebrated man, recommended the treatment of these various conditions with the probang. "You could put it into the throat or stomach a great deal easier than into the larynx," the gentleman says. I have no doubt of that. The treatment of this condition in small children, or in nervous and delicate females, is not very easy. In the bungling hands of the general practitioner that kind of treatment never accomplishes any thing.

Now, whether these gentlemen who make specialties of those things, can do so much more than *we* can, I do not know. I hope they can, but I have my misgivings about that kind of treatment, although coming endorsed and recommended as it is. I *have a* laryngoscope, and I occasionally look into the larynx—*if I can.* And I have seen gentlemen trying to look into the larynx; and I have seen them look and tell me they saw so and so down there, but when I came to look I could not see any thing at all.

Now, sir, we understand what congestion of the vocal cords means; we understand that that is a *wind instrument*, and that it takes but a very little change to throw it out of tune, just the same as a defect in the pipe of an organ. When there is a little thickening of the mucous membrane, you have a change in the voice so much as to prevent the voice entirely, and yet not have any *tumor* there. And when you *have* a tumor the treatment recommended in this paper will not cure it. If it is found there, a surgical operation, very simple, will let you into the larynx. Open the larynx! I can see much better from that end of it what is the matter *inside.* I could remove the polypus after I had brought it into observation in this way, much better and easier than I could to fish through the gullet to find it. My neighbors down at Cleveland, found at the *post mortem* examination of the case I have mentioned, this very condition of the polypus on some of the vocal cords of the larynx, but in opening of the wind-pipe they didn't find any thing. They didn't know enough, if they *had* opened the larynx, to find the polyp. They were Homeopathic surgeons!

Now, I don't mean to criticize this paper captiously. That is not my object; but I must acknowledge that I am not able to see and operate upon these conditions so easily as it is claimed to have been done in the hands of other people. It may be that I don't know how to *use* the laryngoscope. And it is very possible I do not.

There is another thing in making these examinations.

The things seen with the laryngoscope are seen *the other side up*. They are distorted, and the examiner will have to become accustomed to *that*. Then as soon as you put your glass into the mouth, there is a condensation of water takes place from the breath, on the surface of the mirror, and, unless your observations are made quickly, you can not see anything.

DR. WHITAKER.—Why don't you heat your mirror?

DR. SCOTT.—Well, all right; I *do* that.

DR. WILLIAMS.—Heat your mirror and keep yourself cool.

DR. SCOTT.—Now, gentlemen, I wish to draw out a little discussion on these *fine* points, that we may learn how these specialists make, with so much ease and facility, a diagnosis to within a hair's breadth of the condition of things. I am not able to do it myself, and am willing to acknowledge it. If they *can* do it, let them tell us how it *is* done.

DR. MEAD.—I wish to protest against any one's implying, by his remarks, that *no one else can do or see* what *he can not do or see*. This seeing what you wish to see, is not a nonsensical thing. A gentleman, who has operated many times for stone in the bladder, was asked how he came to have so many cases. He said, "It is because I *look* for them." That is the reason we do not see these things. We do not look for them. It is too late in the day of the science of laryngoscopy, to profess that the laryngoscope has done nothing, and that tumors in the larynx can not be discovered and removed with its aid. It seems to me that the remarks which have been made are unjust, implying, as they do, that the gentleman did not see what he says he saw, and has not done what he claims to have done. If he has not done it, other gentlemen have.

DR. NOYES.—Dr. Scott says if a patient will not let you look into the larynx, you can not do it. That is a fact. No more can you look into a patient's eye, with the ophthalmoscope, if the patient will not let you do it. In the use of these instruments, which are of much value to the profession,

when we *first begin* to use them we find it difficult, and soon learn that it requires practice and experience to become proficient in their use. I remember, very well, when I first took instructions in the use of the ophthalmoscope. I could see nothing then. It was a long time before I could see the fundus, or the interior of the eye; but by constant practice, I became familiar with the use of the instrument and found it of immense service. And it is from the use of these instruments that the science of medicine has advanced with such rapid strides. It is science applied to medical knowledge. My friend seems to doubt that the specialists of the day *do* these things. It is for *that* that we have specialties. We *can* do them. It is for that very reason we are specialists. Examinations *are* made with the laryngoscope. Tumors *are* detected, and even in the most unruly patients, which are children.

Of course, the patient must devote some attention to it, and be educated to its use. The difficulties can be overcome by frequent application of the instrument. Many a person shuts his throat up so you can not get a view of it; but by persistence you can make the examination very easily, where you could not do it at first. This question is not at all discussable. I think it is a settled fact. I think such things *are* discovered and done.

Dr. Corson.—I was very much pleased with the tenor of the paper, from this fact, that it brings directly before the profession a question which is much neglected by the general practitioner, and it is a subject which we, as general practitioners, ought to give more attention and thought to than we *do*. It is a good paper—short, condensed and right to the subject, as I understood it. Dr. Whittaker don't claim that he can *burn off* tumors of any size. It is only that pathological condition, which exists previous to the formation of the tumor, which he claims to remove. It is pretty well and generally understood, that nitrate of silver is the very best remedy we have to apply to that condition of the mucous

surface, previous to the fungoid growth. It is that pathological condition, which is brought about by a cold or some other influence, and then, as the paper shows, nitrate of silver is one of the best applications. Dr. Scott, has delivered a very severe criticism upon the paper, assuming that what he does not know, no one can know. I have lived long enough to find out there are many things I do not know, that a great many others *do* know, and I am willing to concede to their knowledge. We have supposed that we have paid more particular attention to the subject, than to other branches of the profession; and it is a certain fact, that some *can* manipulate an instrument of that kind, and look into the throat and other cavities of the body, far better than others. So it is with surgeons. One takes the knife and cuts tremblingly, while others use the knife with perfect impunity. It is not every one who possesses the same faculty for performing these operations. Dr. Scott prefers to go in at *one* end of the larynx, whilst Dr. Whittaker, and I presume the majority of the profession, prefers to go in at the other end. With the laryngoscope, I should prefer going in at the upper end, rather than to go in from below, with the amount of blood you must necessarily have during the operation.

Which is the simplest operation? to go in at the lower end, by cutting the larynx, or operating with the laryngoscope from the top? I would prefer the operation where there is no blood to prevent a good view of the parts. When they did try the cutting operation, as he states, the child died! If they had operated with the laryngoscope, probably the child would have been living yet.

Dr. Whittaker:—I don't want anybody to understand, that tumors would be destroyed by the use of nitrate of silver. I did not intend to convey any such idea. It is a fundamental law in laryngology, never to cut open the throat unless the patient is strangling to death. That is the opinion of every author, who has written on the subject. In ninety

nine cases out of one hundred, even where an incision has been made, you have to remove the tumor from above. We can not learn the use of the laryngoscope in a *day*, but we must take the trouble to practice day after day. It becomes such a simple thing after a while, that the wayfaring man, though a fool, may not err therein.

Dr. Davis remarked, that some papers were valuable for their intrinsic worth, and others for the discussion which they provoked. The paper of Dr. Whittaker, evidently belonged to the latter class, and he therefore moved that this discussion be reported, and printed in the minutes.

The Prurigo of Hebra.

BY

L. R. LONGWORTH, M. D.,

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L. R. LONGWORTH, M. D:,

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I desire to call your attention to the consideration of a disease, which derives especial interest from the fact that its true nature and clinical history, as well as its claim to be regarded as a separate and distinct disease are very generally overlooked, both in our own and in other countries. This is not owing to any great difficulty in the diagnosis of the affection, which, indeed, possesses striking characteristics, but to the fact that on account of a faulty and unnatural classification the disease has not received a separate name, or a separate and detailed description in the great majority of works on dermatology. I allude to Prurigo—not to the mixed assemblage of really distinct affections, which are treated of as varieties of one disease termed Prurigo, and to which a chaotic chapter is devoted in almost all systematic works on skin-diseases—but to a single and distinct disease, an affection *sui generis*, to which Hebra has restricted the term, the true Prurigo of Hebra.

The ancients, whose knowledge of dermatology was very limited, classed Prurigo together with very many skin-diseases of an entirely different nature, in which itching constitutes a striking symptom; and these diseases they believed to be due to a common cause, namely: a vicious humor in the blood—a theory still entertained by the vul-

gar at the present day. In more modern times, Willan, who has been followed on this subject by almost all modern authorities, treated of Prurigo as a papular disease, and divided it into the following varieties: Prurigo mitis, formicans, senilis, and localis. In the course of time, to this division of Willan, a few more varieties have been added, viz.: Prurigo lichenvides s'purpurans, P. pedicularis, and the local sub-varieties: P. podicis, pudendorum, scroti et vulvæ, perinei, palmæ mames, phantæ pedis, etc. This classification, the faultiness of which it has remained for Hebra to establish, has been copied into the works of subsequent authors in all countries. Bateman, Plumbe, Green, Wilson, Hunt, Thomson, Tilberry Fox, etc., in England; Alibert, De Chamberet, Muronwall, Rayer, Biett, Cazennave, Gibert, Devergie, Chausit, Duchenne, Hardy, Bazin, etc., in France; Rieke, Fuchs, Simon, Jose Frank, Behrend, Von Bärensprung, Struwe in Germany.

Now, Hebra has shown that there are a large number of diseases included in this classification, which, although they all have the subjective symptom of itching in common, they possess neither anatomical, pathological, or etiological relationship. These diseases he divides into four groups:

First—A skin-disease characterized by the development of small papules of the same color as the healthy skin, or slightly reddened, and accompanied by severe itching—P. mitis and formicans, of Willan.

Second—The symptom of itching, often occurring in advanced life, arising without any primary alteration in the skin—P. senilis.

Third—The symptom of itching occurring in various parts of the body accompanying a number of chronic affections, such as: Dyspepsia, albuminuria, icterus, menopause, diseases of the bladder, uterus, ovaries, rectum, etc.

Fourth—Finally the condition of the general integument, characterized by numerous excoriations on different portions of the body, brought about by the constant scratching

of the patient, because he experiences severe itching caused by the presence of various epizoa, chiefly body-lice, pediculi vestimentorum, called by Willan Prurigo pedicularis.

According to Hebra's views it is better to apply the old term pruritus cutaneus to the varieties 2, 3 and 4, since in these no other change occurs in the skin, except such as are caused by the scratching of the patient, the affection itself consisting merely in the *sensation* of itching, so that according to him the term Prurigo would apply only to that form in which the papular eruption is primary and precedes the sensation of itching; or, in other words, Hebra restricts the name Prurigo to what Willan and followers call P. mitis and formicans; all of the other forms he classes under the term, pruritus cutaneus.

This classification has the advantage not only of greater simplicity, and of being more logical and closer to nature, but has also resulted in a clearer conception of the nature of the disease, and a more definite description of its anatomical characteristics and chemical history, and is certainly one of the many valuable contributions made to the profession by the logical intellect and wonderful powers of observation of Professor Hebra.

In brief, Hebra describes the appearances of Prurigo, thus: "Prurigo consists in the development of sub-epidermal papules, the presence of which is more apparent to the sense of touch than to the sense of sight, inasmuch as they attract the attention of the observer neither through any considerable prominence above the level of the surrounding skin, nor through any special difference in color from the rest of the integument. These papules always remain isolated, and may develope in many regions of the body, but always leave certain regions intact. They excite violent itching; they are, therefore, scratched by the patient, whereupon they rise above the general level of the skin, often take on the character of wheals and become sometimes of a reddish color. The continued scratching of the patient brings about a loss

of epidermis on the summit of the papule, this causes either the contents of the papule (partly limpid, partly yellowish serum) to appear; or, some of the vessels of the papillary layer of the skin being injured a drop of blood makes its appearance on the summit of the papule and afterward dries down and forms a black crust of the size of a pins' head. These different phases of a single papule will of course be multiplied according to the extent of the eruption and the number of the papules present, and thus offer the usual picture of Prurigo.

When the disease has lasted for a considerable time, other phenomena become associated with those already described. We remark a progressively increasing dark pigmentation of the skin, which, as it coincides in extent and in situation with the superficial excoriations, is also to be considered as the result of continued scratching. In all individuals who have for a long time suffered from prurigo, we observe that the shallow depressions, furrows and lines become more widely separated from each other, and, at the same time, deeper than in the normal condition. This is especially noticeable on the fingers, the back of the hand and wrist. The small, downy hairs, which cover the entire body, appear as if twisted off, and are, when not entirely absent, nevertheless, much shorter and stiffer than in healthy subjects. Finally, the derma itself seems much thicker and denser; and when a fold of skin is lifted by the fingers in a pruriginous patient, it seems much more massive than in the normal condition. Many a patient afflicted with prurigo presents, during his whole life, no other phenomena than those just described, and these vary only in regard to the amount."

When the itching, however, is unusually severe, the characteristic eruption is sometimes obscured by the secondary lesions produced by continued scratching, such as extensive excoriation and eczematous patches, which may be covered by abundant crusts, formed by the drying of the secretion—prurigo ferox. When these secondary lesions have subsided

under appropriate treatment, the eruption peculiar to the disease, as already described, again comes into view, and the diagnosis, which may previously have been difficult, even for the most expert, now becomes easy. More important than the characteristics of the individual papules is the general extent and localization of the disease for the purposes of diagnosis; for, in this latter respect, the affection presents peculiarities which distinguish it from all other skin diseases. The face is pale and usually free from eruption, with the exception of a few papules on the cheeks. In some rare cases these may be more abundant, and associated with an impetiginoid eczema. The neck is usually free. The skin of the thorax generally presents a number of papules, equally scattered both anteriorly and posteriorly. The same is true of the abdominal, sacral and gluteal regions. It is, however, the extremities on which the disease manifests itself with greatest intensity, and the side of extension is always more affected than the side of flexion. The forearm is more thickly covered by the eruption than the arm; the thigh still more than the forearm; and the leg most of all. It is in this lattar situation that one, who has had some experience, can sometimes make a correct diagnosis with the eyes shut, by passing the hand rapidly over the skin of the anterior surface of the leg, which produces on the dry, roughened integument of this region a peculiar sound, like that produced by passing the hand over the short, stiff hairs of a nail-brush, or over coarse wrapping-paper; while, at the same time, a peculiar prickling, tingling sensation is imparted to the fingers. In certain regions the skin is invariably free from disease, or very nearly so, although the rest of the body be thickly covered; viz., the skin covering the side of flexion of the joints. Thus, no matter how extensive the eruption may be, the following regions are always unaffected; the axilla, the bend of the elbow, the palmar surface of the wrist and hand, the groin and genitals, the hollow of the knee, and sole of the foot. Finally, the lymphatic glands in

the upper part of the thigh, in the neighborhood of the saphenous opening, often becomes very much enlarged. This is always the case when eczematous patches and pustules, the result of continued scratching, are present on the lower extremity. These tumors frequently attain the size of the adult fist.

Prurigo is, fortunately, not a very common disease. It begins, as a rule, in very early life, and continues, with occasional remissions and exacerbations, until its close. At certain times, after appropriate treatment, and occasionally in summer, the patient seems quite free from the disease. The respite is, however, short, and unless treatment be continued it is sure to return. Upon whomsoever prurigo fastens itself, it will be very likely to prove his lifelong companion, and go with him to his grave. The sufferings and torments of the unhappy victim of this disease are beyond description. Fierce and intolerable itching gives him no respite, day or night. It is a constant presence with him. Moral fortitude enables the patient to bear the pain of most chronic diseases, but the itching of prurigo is intolerable. Pain elicits sympathy; but itching carries with it an idea of the ludicrous or repulsive, which only increases the torments of the sufferer. Although feeling the deepest pity for the patient afflicted with this disease, I have often been unable to repress an involuntary smile, to see the wretched creature, as soon as he is uncovered for examination, carried away by an irresistible impulse to scratch, begin to tear his flesh after the manner of a wild beast, and with a peculiarly exaggerated expression of despair on his countenance. Indeed, the facial expression of a sufferer from prurigo is peculiar. It is severe, sour, ascetic. He answers only in monosyllables; never dilates on his sufferings; but is easily moved to tears, even if a bearded man, by a little sympathy from the surgeon. His manner is easily explained—he expects no sympathy from anybody. He has been either an object of ridicule or disgust his whole life long to all with whom he has come in contact. As a boy

and youth, he has been plagued by his school-fellows and reproved by the teacher for his constant habit of scratching. Later in life, especially if he belong to the working classes, and is unable to secure a separate room or bed, he is made sport of by his bed-fellows, or even turned out of their society, either because, in their ignorance, they fear contagion, or because they are disturbed in sleep by his never-ceasing scratching. An object of disgust and aversion to his fellow-creatures, cut off from the intercourse with friends, or even, it may be, from the blessings of wife and children, what wonder is it that he finally loses all moral courage, and tired of his miserable existence, he at last puts an end to it with his own hands? Suicide, it is well known, is not uncommonly resorted to as the last cure of prurigo.

What shall be said of the treatment of this fearful disease pronounced by Hebra incurable? Is there no effectual remedy short of suicide? Specific there is none, but yet much can be done. Under proper treatment the disease will generally, completely, or very nearly completely, disappear, although according to Hebra it will invariably return when the treatment is discontinued. Incurable as it is, it may be kept in check. The reported permanent cures, Hebra explains by the confusion which exists in the nomenclature of pruriginous disease already alluded to. Neumann, however, one of the Vienna school, who recognizes Hebra's Prurigo as a distinct disease, takes a more hopeful view, and believes that if the disease is treated in children early and properly, and persistently for months or years, the cure will finally be permanent. t is always possible to make the existence of a Prurigo patient bearable; to give him back his sleep, of which his disease has deprived him, to so far modify his revolting aspect as to make it possible for him to associate with his fellow men. How is this to be accomplished? In general terms it may be said that internal medication is of no avail; and that those substances alone are of value,

which, applied locally, produce a softening and removal of the superficial layers of the epidermis; this lessens, or, for a while, puts a stop to the development of the papules, and thus the symptom of itching is removed. The most important local agents in use, are: the warm bath; alkalies, in solution or in the form of soap; the fats, sulphur, tar, corrosive sublimate. The choice among these agents, the form and manner in which they should be used, will depend greatly upon the age of the patient, the character of the Prurigo, and the occupation of the patient. In young children the frequent and prolonged use of the warm bath is to be enjoined; the diseased skin is to be well rubbed with sapo viridis, afterward washed off, and some species of fat applied. Cod-liver oil answers this latter purpose admirably. If much thickening and infiltration of the skin is present, this can be removed by the "Schmierseifencyclus." This method of treatment is carried out in the following manner:

The patient is placed between blankets, or, better still, puts on an entire suit of flannel next to the skin, the whole surface of the integument having previously been rubbed over with some form of alkaline soft soap. The soap is to be applied twice daily for six days, once on the seventh, eighth and ninth, and finally a bath is permitted on the fourteenth day. During this time the superficial layers of the epidermis are destroyed and new epidermis is forming, and as every movement of the patient is more or less painful and uncomfortable, it is necessary for him to remain in bed.

If the patient should indulge in a bath before the end of two weeks he will find himself in a distressing condition; his skin will peel as if put on the stretcher, and much too tight. This treatment is somewhat heroic, but always attains the object in view.

For the dry forms of Prurigo *solutio vlemingkx* is more suitable; the solution is made by boiling together one part of sulphur, two of lime, and ten of water; the liquid is al-

lowed to cool, and the clear portion poured off and kept in well stopped bottles. It contains sulphide of calcium and hyposulphite of lime. This solution is used by Vlemingkx in the treatment of scabies, the cure of which is effected by a single application; it is much used by Hebra in Prurigo, and is a very powerful agent for destroying and removing the superficial layers of the epidermis. The patient, after having been washed with soap and tepid water in a bath, is rubbed over *energetically* with the liquid, which is allowed to dry on the skin for a quarter of an hour, and then washed off. When pustules and crusts are numerous, mercurial baths may be used. They are highly praised by Von Barensprung; he advises every other day, or at longer intervals, baths at 85° Fahrenheit, each containing 2 drachms of the bichloride. Six such baths are as a rule necessary. The absorption of the sublimate is not great. Of course a wooden bath-tub is to be used. Tar is to be applied in the form of ol. cadeni, or ol. rusci, either alone or in combination with equal parts of alcohol or cod-liver oil, by means of a bristle brush; hereupon the patient must enter the warm bath and remain there for three or four hours. Lemaire and Kaposi recommend carbolic acid internally; the same agent has also been used hypodermically. If the internal or sub-cutaneous administration of carbolic acid is as efficient as the ordinary tar treatment, such administration certainly possesses the advantage of greater cleanliness; it is, however, not to be overlooked that when a preparation of tar is applied to the skin, carbolic acid is absorbed into the blood, sometimes in sufficient amount to produce the toxic effects of that agent. It is not usually possible for a Prurigo patient to give up his whole time to a course of treatment, but after the first ten or fourteen days of heroic treatment have rendered the disease mild, the good effects can be maintained by the use of sulphur or tar, followed by a prolonged warm bath before going to bed. And here let me depricate the use of anodynes, and the wide-spread abuse of Fowler's and

Donovan's solution. In Prurigo they are utterly useless, If this paper, which offers no claim for originality, may be the cause of rendering more bearable the wretched existence of a single sufferer from Prurigo, or contribute in any way toward awakening an interest in the local treatment of skin-diseases, its aim will be fulfilled.

Sympathetic Ophthalmia.

BY E. WILLIAMS, M. D.,

OF CINCINNATI.

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In the vast field of medical science there must be division of labor if we expect progress. To legitimate specialties, then, we have a right to look for the discovery of new facts in the elucidation of the laws of disease. Each, in his own line of study and of work, is expected to push his researches into new territory, and conquer it, for the common good. But, while this is true, there are certain principles underlying all the departments and sub-departments of medical science, and certain well established facts that should be known to all. Every physician ought, in justice to himself and his patients, to know the common, well established and easily acquired facts and principles of every special branch of the healing art. Of course there are numerous details, requiring years of special study and practice, in order to make him an expert. But he should be able to judge when and where that special skill is required, and to advise his patient accordingly. I am sure, for instance, that thousands of people are yearly losing the use of the most precious of all the senses, from the lack, among general practitioners, of a very little easily acquired knowledge of the eye and its diseases. Take the case of infants, so often attacked, within two or three days after birth, by purulent conjunctivitis, the so-called ophthalmia neonatorum. How often they are brought to us, hopelessly blind, from ulceration of the cornea, when the medical attendant had told the parents or nurse that it was a trifling ailment, requiring a little breast

milk, or nothing at all. Very limited reading on the subject, or the careful observation of a few cases, would teach him, that, even in its mildest forms, the disease is a very serious and dangerous one. Not only so, but it is an affection that yields, with the greatest certainty, to timely and skillful treatment, which every sensible man can readily know and carry out.

But it is my object, at this time, to call attention to sympathetic ophthalmia, and to show that a very little special knowledge, within the reach of all, might be the means of saving multitudes from incurable blindness. How, and through what channel, the eyes sympathize, is a difficult problem. But that a painful disease of one eye, whether already blind, or not, if severe, or long continued, or both, often leads to destructive inflammation of the other, is a well known fact. Traumatic inflammation, especially from injuries of the ciliary region, is more likely to cause fatal consequences to the sound eye than idiopathic. It is a common error, even among medical men, that when the suffering eye is totally blind, there is no further danger from sympathy to the other. So the vulgar notion obtains currency, that, by putting one eye out, the other is not only saved, but made stronger. If we substitute the words *take out*, for put out, there is a great and saving truth in it. A painful and useless eye, like unruly members of society, is better bottled. These are simple and well-settled facts, in reach of every physician. Moreover, there are certain symptoms, easily made out, which indicate that sympathetic trouble is imminent. Such, are persistent or paroxysmal pain in and around the eye, tenderness to light, weeping, momentary, or continued, cloudiness of vision; but, especially, soreness of the eyeball to the touch. This wincing, on pressure with the finger, is usually found by pressing on the sclerotic, just behind the upper margin of the cornea. The injured or diseased eye may be unnaturally soft, or, as is very common, extremely hard, as compared with the other—conditions

which any man can detect by the simple use of his fingers. This danger may be suspected without waiting for the tedious process, and often fatal delay, of sending the patient to an oculist, or hesitating till he is blind.

Early diagnosis and prompt treatment will save suffering, and give the greatest security to the other eye. An abundant experience has demonstrated four important practical points in this fatal disease:

1st. A timely enucleation of the diseased and useless eye will save the other eye from threatened disease.

2d. The same, or any other operation, performed after symptoms of iritis, irido-cyclitis, or any other of the many forms of sympathetic inflammation, have actually set in, rarely results in any good; and, sometimes, I believe, in harm.

3d. No other treatment but enucleation can be relied upon with any certainty.

4th. Enucleation of the eye, properly performed, is free from serious difficulties or dangers, and one which every physician, who operates at all, ought to be able to do.

Cases, in illustration of these conclusions, might be cited in multitudes. I will, however, give a brief statement of two rare and exceptional cases, for the very particular interest which attaches to them.

CASE 1.—Traumatic loss of left eye, with detachment of retina and glaucoma, and subsequent glaucoma in right eye.

T. M. S., æt. 33. Mechanic. Four years ago the left eye was struck by a splinter of wood. Its effect on the vision was as follows: He says, at first the right half of the field of vision was obscured by a dark cloud, which gradually passed over to the opposite side. He retained some sight for a few weeks; but it gradually failed, and, in course of time, was reduced to what it is now—barely quantitive perception of light.

In one year after the accident the right eye began to fail. He had attacks of dimness from which, at first, he would en-

tirely recover, but for the past year he has been practically blind. He has had neuralgic pains in the temporal region, but none of the symptoms characteristic of acute glaucoma. Ophthalmoscopically, his eyes present the following appearances: In the right eye he has a very deep excavation of the disk with abrupt bending of the blood vessels; the spontaneous pulsation is unusually strong, being seen in all the principal arterial trunks, and their branches, near the disk. The media are perfectly clear and tension is + 2. In the left eye there is a very extensive detachment of the retina involving fully three-fourths of it. The media are perfectly clear, so that the fundus oculi can be seen with ease. In the central retinal arteries there is a very strong pulsation with deep excavation of the optic papilla. The very extensive detachment of the retina, embracing fully three-fourths of its extent and coming up to the edge of the papilla, is a rare complication in glaucoma.

The rule is that detachment of the retina is only found with softening of the globe, or, at most, with the normal tension. I have never before seen it with glaucoma and continued glaucomatous hardness. Of course, no operation was recommended, as both eyes were blind beyond all hope of recovery.

CASE 2.—Rupture of sclerotic of right eye and sympathetic inflammation in left eye. Recovery of vision in right eye.

E. W. M., æt. 88. Injured his right eye June 2d, 1875, by running against a pump handle at night. He probably struck the eyeball on its temporal side, as the injury caused an extensive rupture of the sclerotic on its nasal side. Vision was so impaired immediately after the accident that he was barely able to distinguish light from darkness, but, in about six weeks, he noticed that the sight began to fail, and in one month afterwards he was only able to distinguish the motions of his hand.

April 6th, 1875, about twelve weeks after the injury, he applied for advice.

Status persones. In the right (injured) eye there is the usual dark crescentic line indicating the extent of the rupture, and, in this case, it involves about one-fifth (?) of the sclerotic circumference. Under the conjunctiva between the rupture and the caruncle is a small, roundish elevation, which is probably the dislocated lens.

The anterior chamber appears very deep, and the iris is visible only downwards and outwards, and in these directions it is very narrow. The viterous is so turbid that the fundus oculi can not be seen. Tension, 1. He is barely able to distinguish shadows of the hand. He suffers no pain in the eye now. In the LEFT EYE the pupil is contracted and closed with lymph; the anterior chamber is very shallow; the iris is discolored and bulges forward almost in contact with the cornea, and the ciliary zone is very much injected and tender to pressure. Vision in this eye, as in the right, is limited to perception of shadows. Tension slightly increased.

A very unfavorable prognosis was made in relation to the prospects for vision in both eyes, but particularly the injured one.

He was ordered hydrarg. bichlo. $\frac{1}{16}$ bis. die. and atropine instillations in left eye ter. in die. The treatment was instituted more to satisfy the patient, than from any hope that good results would follow.

It was very gratifying to notice the prompt and satisfactory manner in which his vision improved. In one week he could count fingers at 6′ with the injured eye, and at 8″ with the other one. The pupil of the latter dilated very slightly and there was made less ciliary injection. April 19th, thirteen days after treatment began, his vision, in the injured eye, was $\frac{15}{70}$ with + $3\frac{1}{4}$, and he was able to read, see No. 6 with + $2\frac{1}{2}$. Vitreous in right eye has cleared up very much, and glimpses of retinal blood vessels can be seen.

May 7th, with right eye reads, see $2\frac{1}{2}$ with + $2\frac{1}{2}$ + V= about $\frac{15}{20}$ for distance. The media are much clearer and the

papilla and retinal blood vessels can be seen quite distinctly. The left eye remains the same.

There are a few instructive points in this case. In the first place, the apparently hopeless condition of both eyes, when we saw the patient first, and the great improvement, especially of the injured eye, under treatment. It was too late for an enucleation of the injured eye, and too early for an iridectomy on the one affected from sympathy. The final result showed that enucleation of the injured eye at that time, after the sympathetic orido-cyclitis had closed the pupil and disorganized the other, would not only have done no good, but deprived the patient of all hope of sight, because the injured eye was the only one that recovered useful vision. The strong lenses, required for close and distant vision, was, of course, due to the loss of the crystalline lens from the injury.

DISCUSSIONS ON DR. E. WILLIAMS' PAPER.

Dr. J. F. Noyes, of Detroit.

Permit me to say, that this is one of the most important subjects which can be brought before the fraternity, since the inflammation is most serious and insiduous; and if not arrested in its earlier stages, it results in inevitable blindness, not only in the injured eye, but of the other as well.

I had a case just before coming here, which required the mode of practice, which the paper has recommended. A little boy, six years old, was brought to me, who was injured with only the slight touch of a glove, and the most serious inflammation had set in. The parents and friends did not regard it as dangerous, and let it go, without treatment. Still they noticed that the child seemed to suffer from the light. When I saw the child, I found that the other eye was

also affected with sympathetic inflammation, so far anvanced, that the sight was as much reduced, as in the injured eye.

The case had passed beyond the mode of treatment, which the Doctor has recommended. The best I could do was to treat him, as the Doctor suggests, by atropia and mercurials. In these cases, which require such close observation, they ought to go into the hands of the specialist sufficiently early, to save them. Often he is not permitted to do his duty by enucleation of the eye, as it will not be consented to. It is regarded as a terrible thing to do—to take out an eye! So long as there is any sight in it, they are not likely to consent. I had a case of sympathetic trouble, where I urged enucleation, and they did not give consent, until the other eye was nearly blind. I then knew very well it would fail. However, it was all that *could* be done, and, inasmuch as the eye was lost, I tried enucleation. The child went totally blind, whereas, if the parents had followed my advice, it would have been saved. I think the Doctor's paper gives good advice. And inasmuch as these injuries frequently come to the notice of the general practitioner, he should, at once, put his patient in the way of receiving right treatment, especially if ciliary complications have set in.

Dr. Herrick:—I am not an opthalmologist, still I have some doubt in regard to some measures recommended by the paper. I want to know what is the origin of the phenomena. I want an explanation of the phenomena of sympathy. Perhaps the Doctor will give us some information on that subject.

Dr. Dunlap:—This paper certainly gives valuable information to the medical profession, at large. We are seeing a great many eyes put out, and they cannot be replaced. When is the proper time to enucleate these eyes? The Doctor says, as soon as spmpathetic irritation shows itself, then it is too late. I would like the Doctor to state more particularly to us, when this treatment is necessary. I have seen a great many persons blind in one eye for years, while the other eye remained

good. I have noticed traumatic loss of the eye, as from gun shot wounds, the explosion of caps, etc., where the foreign body remains in the eye. Are these the cases referred to as demanding enucleation? or, does he include cases where the foreign body is not in the eye?

DR. WILLIAMS:—We don't consider, that *every blind eye* ought to be enucleated, though that is the view taken by extremists; but we do contend that every blind eye, that is habitually painful, whether a source of trouble to the vision, or not, ought to be removed. Just in proportion to the degree or extent of the trouble is the danger to the other eye. And yet, we see cases where the resistance to this sympathetic influence exists to an extraordinary extent.

An eye, with a foreign body in it, that is painful, and subject to a chronic inflammation, is a source of the greatest danger to the vision of the other, especially if the foreign body is in the region of the iris, or the ciliary circle. There is a reflex influence through the branches of the ciliary nerves, from one eye to the other. Some contend, that the optic nerve conveys this sympathy, but I do not believe it. These sympathetic manifestations, are most common in the iris, and the ciliary portions of the eye, but are not confined to them, as in the case of glaucoma, which I referred to to-day. These sympathetic inflammations, assume a great variety of forms, but the iris, ciliary body and choroid, are most frequently affected. We always make it a rule, not to enucleate an eye that is *comfortable*, even if it is blind. If it is atrophied, and not painful, there is no reason why it should be enucleated, but every blind eye should be watched. I have said, it would do no good to enucleate after INFLAMMATION had set in in the other eye, but I did not mean *irritation*.

When there is glimmering, and indistinct vision, with sensitiveness to light, and soreness of the ball, to the touch, the patient wincing upon pressing the ciliary region, you may be sure that the other eye is in danger. These are the important

practical points connected with the subject, and demand immediate intervention. The operation is done by dividing the conjunctiva around the cornea, dissecting it back, and cutting off the recti muscles close to the sclerotic. Then the ball is sprung through the commissure, the optic nerve, and oblique muscles are divided. It can be done in very old persons, but just then there is more danger of hemorrhage. In younger persons, there is no danger. When the eye is enucleated, I put my finger down into the apex of the socket, and press against the cut vessels, and then stop the blood, so that I have no trouble. Any man, at all acquainted with the operation, can perform it with great safety.

Dr. W. J. Scott:—There is one point in the paper I would like to draw the professor out upon, and that is the treatment of purulent conjunctivitis in infants. Every man, who has practiced medicine twenty years, knows when he gets hold of a case of that sort, he has a serious case to treat. At my age, when some young men think I know more than I do, perhaps, they often bring these cases to me, and people send them to me to know what I can do, when, as the Doctor says, the eyes are hopelessly lost. In many cases, I have learned that the attending "doctor" had told the mother or the nurse, that the child had taken cold, and that if they would wash the eyes with breast milk, or a little eye water, they would get well, and that they need not be uneasy. And at the end of a week or two the eyes would be hopelessly lost.

When we meet with this serious disease, what shall we do? Some say, "use nitrate of silver," either the *stick* or in strong solution. But how shall you apply it? If you put a strong solution in the hands of a bungler, he turns the lid and makes the application, and then lets the lid back; if the structure of the eyeballs were in perfect health, by the next day they would be diseased. They would be burned by this application.

Dr. Noyes—"No specialist, certainly, would advise that."

Dr. SCOTT—"O, no! How *shall* we treat it? These points are what we want discussed here. I suppose these things are so simple to Dr. Williams that he does not discuss them in detail?"

Dr. WILLIAMS:—Mr. Chairman—I only spoke of purulent conjunctuitus of infants, as an illustration, and not to give its symptoms and treatment. I would say that there are different methods of treatment adopted even by those experienced in these matters. The treatment which I employ might not be the best treatment in the hands of others. Especially those, who are not in the habit of manipulating infants, and turning their lids, would find it difficult. The only danger of the disease mentioned is danger to the cornea. If we cut short this purulent inflammation within one, two or three days, or a week, we abridge materially the period of danger to the eye. What is the best means of accomplishing that end? It is very common to use a weak astringent solution, as a grain of sulphate of zinc, or three of alum, or a weak solution of nitrate of silver. That should be dropped in freely every hour, or half hour even; after, let the matter out, by opening the lids and wiping with a soft rag. Frequent cleaning is thus secured, and that is an essential part of the treatment. This mild astringent treatment, kept up ten days, or for weeks if necessary. This is the course generally adopted in London, and sometimes in this country.

The abortive treatment, that is, the use of a strong solution of nitrate of silver, is my favorite method. I vary the strength from ten to twenty grains to the ounce of water. I evert the child's lids, taking its head between my knees, the vertex toward me, with its eyes upward. I evert the lids, and brush them freely with the solution, taking care that not a particle of it touches the cornea. After brushing it over I wash it off thoroughly with water. Sometimes I treat the upper lid first and then the lower one, and sometimes both at once. The effect on the swelling and the sup-

puration is often so marked that the mother comes back next day, after one application, and says that the child is well. This brushing ought to be done once a day for three or four days, or a week, or till all mattering has ceased. In the meantime keep the eyes clear of matter, by all means. I would just say here, that in an experience of twenty years in the treatment of purulent conjunctivatis in infants, not in one single instance have I ever had ulceration of the cornea, much less, loss of the eye, if I commenced this treatment before disease of the cornea had set in. Of course where cases are brought after the cornea has been attacked, you could not have such success, though you may save the vision partially. I believe that, in the hands of most practitioners, it would be wiser to resort to the mild, repeated and persevering, use of astringents and strict cleanliness, as before described.

So far as the successful treatment of the disease is concerned, it does not depend upon a knowledge of a great variety of remedies, but on the judicious and proper use of a few remedies which every Doctor ought to understand.

Dr. Noyes—When my learned friend has spoken upon diseases of the eye there is little more to be said, but I wish to call the attention of the Professor to one fact, which I have learned in the way of experience. The Doctor has mentioned a course of treatment to be pursued, and the best treatment; the course he has given is simple and effectual, but I find that many cases of this kind arise from want of attention to the child on the part of the physician. He generally hands the child over to the nurse and never thinks to look after it thereafter. And I have seen, repeatedly, in my own city, cases of this kind, occurring under the hands of the most skillful medical men, who *could* have treated it if they had known it was present. The first thing they know, is, perhaps, the nurse calling their attention to it a week or more afterward, when the eye is filled with pus, and the disease far advanced. I have had cases brought to me from

skilled physicians, where no attention had been paid to the child, and I have found on washing away the matter that the cornea was as white as chalk, and even those cases got well. I used the strong applications the Doctor has spoken of—nitrate of silver, 20 to 30 grains to the ounce, applying it to the inside of the lids and then washing it off before it reached the cornea. It should *never* be allowed to reach the cornea. If physicians could only watch the child till the time has passed for the manifestation of this disease, and keep the eyes well cleansed, I believe a great many of these cases could be avoided.

DR. AGARD:—This seems to be a sort of an experience meeting in reference to this paper. I can not add anything to what has been said about the treatment of this disease. I merely rise to make an inquiry. I wish to ask if any of the gentlemen have tried Salicylic acid for this disease. It has occurred to me that it is one of the best remedies we have ever possessed. I have not had a case of the kind since I began the use of the acid, but I have seen marked results from its use in cases of suppuration. It arrests suppuration. I would like to know if any of the gentlemen have had any experience in its use. I have made as strong a solution of it as I could, and injected it into the chest after I had drawn off a large quantity of purulent matter. In every instance, where I have tried it, it has seemed to almost entirely arrest suppuration. A few days ago I detached a large fatty tumor, and threw a dram of the acid into a pan of hot water and used my sponge in that, and it healed up by the first intention. There was no suppuration at all.

DR. NOYES—Said he had used it in the eye, and had found some good results from it. He did not say it would take the place of every thing which was used, but he believed it was going to be a very valuable thing in surgery. He had used it eleven grains to the ounce, and also in powder.

DR. DUNLAP—Said a much stronger solution could be made with glycerine.

DR. BUCKNER—Said that at the Ophthalmic Hospital, in London, they use three or five grains of solution of permanganate of potash, with very good effect. I generally have used nitrate of silver, using five to twenty grains, commencing with the milder proportions in mild cases, and increasing it for acute cases until I arrested the discharge.

PHYMOSAL PARAPLEGIA.

BY C. E. BEARDSLEY, M. D., OF OTTAWA.

PHYMOSAL PARAPLEGIA.

BY C. E. BEARDSLEY, M. D., OTTAWA.

GENTLEMEN:—I desire to call your attention to the following cases, which, to me, have some interest. In 1865, January 18th, a boy 14 years of age was brought to me for examination and treatment, by a widowed mother, whose husband had been killed on the battle field of Stone River.

The lad was tall, with dark eyes and hair, also extremely emaciated; he had no power over the lower extremities and, seemingly, but little strength in the vertebral column, as he was unable to hold his head erect; he was also a great sufferer from spasms—epileptiform in character. Simply pronouncing the word spasm, or fit, in his presence, would throw him into convulsions; or the least shock, as concussion of the hands, would produce the same result. The convulsions could be produced in the same manner as often as he would arouse from the stupor which followed each attack.

The history of the case, as gathered from the mother, was of but little value. She, like most women of inferior intellect, was extremely modest, too much so, to lead us to the real cause. She, like the women of old, had spent all she had on doctors without benefit, but the patient rather grew worse. I undressed the boy, better to observe his move-

ments and to examine him for some lesion, I knew not what. The mother said he was thrown from a horse, a year before the occurrence of the spasms; and, naturally enough, she attributed all the present trouble to that fall.

The boy now, after two years of a life of suffering, is semi-idiotic, with complete paralysis of the lower extremities. While he was in the nude state, and in one of the convulsions, I observed that there was a partial erection of the penis, with dribbling of urine, which induced me to examine the parts and, if possible, the bladder for stone, as the most probable cause of the trouble by a reflected irritability. On attempting to introduce a sound into the bladder, I was foiled by a very small meatus and an inability to retract the prepuce. I further discovered, just behind the corona glandis and beneath the integument, what seemed to be a ring of some hard material; on a second attempt to retract the foreskin, I discovered that it too was adherent to the gland, with slight balinitis. I therefore circumcised the lad, tearing back the mucus membrane from off the gland, turning out at the same time a ring of sebaceous material the density of an ordinary cheese crust. I used water dressings to the parts, and gave him internally iodide of potassium and valerian in small doses three times a day, with liberal diet. He was to have this treatment for the time being only, I expecting to find a stone in the bladder as soon as the patient would recover from the circumcision sufficiently to allow introduction of a sound; but the boy gained in strength from day to day, the spasms and all untoward symptoms disappeared, and by the time I again saw him (six weeks), he had regained the use of his limbs so as to be able to walk with some assistance, his mind becoming clearer as he gained strength, until complete recovery. I gave him the potassium and valerian but one week, and no other medicine, at that time, or afterwards. The young man is living now in my neighborhood, a perfect specimen of health and strength.

My second case occurred in 1870—a male child, seven years of age, with complete paralysis of the lower extremities and spasms. This case was of some two months' standing prior to my seeing it. The history of the case ran thus: The child was taken ill, and the same day had convulsions. A physician was called in, whose diagnosis was intestinal worms, and treated the case accordingly. No worms were expelled, I believe.

Up to this time the child ran and leaped about as other children do who are in perfect health. After the first convulsion, the parents noticed that the child was unable to support its body on its limbs, or to move them. The parents informed me that the convulsions came on mostly at night, or on attempting to micturate. I therefore examined the genital organs, finding very much the same condition as in my first case. The foreskin was perfectly adherent to the gland, with signs of recent inflammation. I circumcised the boy, turning out from beneath the prepuce, as before, a pent-up deposit of sebaceous matter. Gave a saline purgative and used water dressings to the parts circumcised, as in the above case. The patient recovered rapidly without further treatment.

Case third—a male ten years of age, came under my observation February, 1875. Both parents are living; the mother is in delicate health, and has been for some years prior to the birth of this child. This case is one of three years' standing; the boy is completely paralyzed in both lower extremities, with convulsions, idiotic, and loss of vision; he is also extremely emaciated, and so debilitated as to be unable to support his body or head erect, much less is he able to lift the head from his pillow.

The epileptiform convulsions have averaged him one for every three hours during the last three years. The boy was perfectly healthy up to seven years of age, when he had an attack of scarlatina simplex, which ran a very mild course, but on the decline of the rash spasms supervened, and from

that time to the present he has been a great sufferer, as well as a burden to his family.

The history of this case is very much like the other two given above, only of longer duration, and consequently the greater mental and physical derangement observed. I called my friend, Dr. Morin, to see the case and assist me. We circumcised him, tearing the adherent mucus membrane from off the gland, turning it back, liberating a semi-solid ring of sebaceous matter from behind the corona glands. Applied the water dressings, as in the above cases. Although extremely reduced in flesh and strength, I put him on bromide of potassium 15 grains three times per day, with liberal diet. I have heard from him but once since the operation (some four weeks since). The boy, at this time, sits up without assistance, and can walk with assistance. He has not recovered his vision. The family think he can see some, as the eyes and head will follow a lighted candle about the room. I have not seen the case since the day he was circumcised, which was on the 15th of May last.

My fourth case is a child twelve months of age. For the last six months this child had convulsions, with internal strabismus of both eyes, and a continued rolling motion of the head. The paralysis is not so well marked in the lower extremities as in the above three cases, but sufficiently so to be diagnostic. The power to support the head erect on the trunk is nill. The history of the case ran thus: The child became ill, the parents supposed it to be an intermittent fever; calling in the family physician, he concurred in their opinion, giving it, at the same time, some medicine. The next day it had convulsions of an epileptic form; but by care and treatment it seemingly recovered, but leaving it feeble. Some days later it had another attack of convulsions. Treatment now failed to make any impression on it as a curative, but, to the contrary, it became worse. The mother noticing that the convulsions came on every time the child micturated. Some convulsions more marked than others.

I circumcised it on the 29th of May, 1875, finding perfect adhesion of the foreskin to the gland, the result of an inflammation.

The child is before me, this the 14th of June, 1875. The eyes are still turned inward, but he has had no convulsions since and is gaining strength rapidly.

Injury to the Head, with Undoubted Fracture at the Base of the Skull.

BY

O. S. MUSCROFT, M. D.,

Surgeon to the Cincinnati Hospital and Surgeon to St. Mary's Hospital.

Injury to the Head, with Undoubted Fracture at the Base of the Skull.

BY

C. S. MUSCROFT, M. D.,

CINCINNATI, O.,

Surgeon to the Cincinnati Hospital and Surgeon to St. Mary's Hospital.

The surgeon is not called upon to treat any class of injuries that requires more care and intelligent attention than those occurring to the head, or any that possesses greater interest. Such injuries may be followed by the most serious complications, especially where fracture has caused fragments of bone to compress or wound the brain, or resulting in concussion or laceration of the brain, or blood-vessels within the cranium, by the violence that produces the fracture.

Alexander Love, a railroad brakeman, an American by birth, aged twenty years, unmarried, apparently of good health and habits, was admitted into the Cincinnati Hospital on the second day of May, 1873, and placed under my charge. I saw him at eleven o'clock A. M. The following was his condition:

He had slight bleeding from the nose, and frequent vomiting of large quantities of water mixed with grumous blood; the pupils of both eyes were very much dilated, the right one only responding to the stimulus of light to a very slight extent; there was almost complete immobility of the left orbit, with paralysis of the lid; vision was very indistinct at any considerable distance in both eyes, but he could recognize objects, when brought close to him, with the right eye—with the left he could distinguish the light only. His

mind was in a very confused condition, and he was very irritable, although he would answer questions with some accuracy. He was very restless, and complained of great thirst, saying that he had not taken a good drink of water for eight months, and called upon an imaginary person to bring him a bucket full. After drinking he would vomit almost immediately. His pulse beat eighty-five strokes to the minute; the respirations were twenty eight, and the temperature of the body in the axilla was ninety-eight and one-fourth by the Fahrenheit scale.

No injury could be found on the head until the hair had been cut close off, when a bruised condition of the scalp was seen over the lower and front part of the left parietal or greater wing of the sphenoid bone, which was somewhat depressed. An incision was made through the scalp down to the bone, to examine the full extent of the injury, when but a slight depression, with fissure of the external table, was found, which required no treatment. He had no retention of urine, and his bowels were easily moved by cathartics.

The observations in this case were very accurate, and the symptoms carefully noted.

At two o'clock P. M. he was still vomiting; had passed urine without difficulty; pulse ninety-five; respirations twenty-six; heat ninety-nine; complains of great thirst.

At three o'clock the pulse had increased to one hundred and twenty; respirations thirty-two; other symptoms about the same.

Eight o'clock P. M.—Pulse one hundred and twenty-four; respiration thirty-six, and temperature ninety-eight and a half.

May third, eight o'clock A. M.—Patient vomited once during the night, slept but little, and was not able to recognize his mother, who was with him until this morning; pulse one hundred, not strong; heat ninety-nine and three-quarters; respirations twenty-four.

His own statement as to the injury received was, that while engaged, on the first day of the month, in the afternoon, in coupling two cars, one a box car and the other an open one, laden with lumber, which consisted principally of boards, that had a long piece of timber about eight inches square lying on the top, and the end of which extended beyond them, and that his head was caught between the projecting end of the piece of timber and the box car, he thinking there was space enough between the end of the timber and the car to avoid being caught. In this he was mistaken, and so received the injury to the head. He said he was quite unconscious for a long time after being hurt, but does not know for what period. His statement and account of the accident was corroborated by his brother, who was present, but said he thought the injury sustained was of the chest and not the head.

Six o'clock P. M.—Patient complains of severe pain in the head, but is not so restless; thirst still continues; pulse sixty-four; respirations twenty-eight; heat one hundred and one. Ordered rochelle salts, one drachm every three hours until bowels are freely moved.

May fourth, eight o'clock A. M.—Pulse sixty; heat one hundred; respirations twenty. The bowels had moved four times during the night; complains of pain in the head and thirst; has had, since admission, corn-meal gruel for diet, for which, to-day, he has some relish; wishes to sit up in bed, and for the first time, can read the signs on the opposite side of the street. The pupil of right eye has improved. There is now slight ecchymosis of orbital conjunctiva and swelling of left upper eyelid; the pupil of left eye still very much dilated.

Five o'clock P M.—Pulse fifty-six; respirations twenty-four; heat one hundred and two; face somewhat swollen on left side.

May fifth, eight o'clock A. M.—Is feeling better, and rested better; does not complain of thirst; pulse eighty-

five; respirations twenty; heat one hundred and one and three-fourths.

Evening—Pulse sixty-two; respirations twenty-four; heat one hundred and two.

May sixth, morning,—Rested well last night, and is more rational; pulse sixty-two; respirations nineteen; heat one hundred and one and a half.

Five o'clock P. M.—Swelling of face subsiding; pulse fifty-five; respirations seventeen; heat one hundred and a half.

During the whole of patient's illness, his mind has always been wandering, unless when questions were put to him, which were generally answered correctly.

May seventh, morning.—Improving; has but little appetite; still has headache; pulse forty-eight; respirations seventeen; heat one hundred.

Evening. — Pulse forty-six; respirations fifteen; heat ninety-one and a half.

May eighth, A. M.—Condition about as yesterday; pulse fifty-one; respirations sixteen; heat ninety-nine.

Evening.—Pulse forty-nine; respirations fourteen; heat one hundred.

May ninth, morning.—Pulse forty-seven; respirations eighteen; heat ninety-nine and three fourths.

Evening.—About as yesterday at same time.

May tenth.—Pulse forty-four; heat ninety-nine and one-fourth.

May eleventh.—Pulse forty-eight; heat as yesterday.

May twelfth.—Pulse fifty-four; heat one hundred.

May thirteenth.—Rested well last night; appetite good.

Notes were taken regularly until the twentieth of May, during which time there was constant but slow improvement in every respect except the condition of the left eye, the pupil still remaining dilated almost to its fullest extent, with great impairment of vision. There was still almost complete paralysis of the lid and immobility of the

orbit. At the time the pulse was so slow (that is, from the second of May until the twelfth), whenever he moved in bed, or raised to the sitting posture, it would at once increase in frequency, and occasionally the heart's action doubled its number of beats. From the last date until the thirty-first day of May he continued in good condition, at which time he insisted upon being discharged from the hospital, as he regarded himself quite well, although the immobile orbit and paralyzed lid remained.

The great point of interest in this case is, what was the exact lesion produced at the time of the injury? I was led to the conclusion, by the symptoms present, that there was fracture at the base of the skull, either in the anterior fossa or the junction of the anterior and middle fossa. Now what is the evidence to sustain this view? The first effect upon the brain was that of severe concussion, which produced entire insensibility, lasting for a period of some hours. This symptom, although not constantly present, is a frequent result of all severe injuries to the head, whether there be fracture or not, but has most certainly been present in the majority of cases of fracture of the skull seen by myself. Second, there was the vomiting of blood and bleeding from the nose during the first forty hours after the injury. Third, the dilation of both pupils, with obscurity of vision, and, in addition to this, the almost entire immobility of the left orb and paralysis of the upper lid of the left eye. Also, in addition to these symptoms, there was the very great disturbance of the circulation for more than a week. To cause these effects, we have an immense crushing power applied simultaneously to both sides of the head from broad surfaces, acting as a vise, but producing only a slight abrasion of the scalp, and little apparent injury to the external table of the lower anterior angle of the parietal, or perhaps of the great wing of the sphenoid bone of the left side; and, again, there was the ecchymosis under the left orbital conjunctiva.

The appearance of the scalp, in severe injuries of the head, is sometimes very deceptive; for, where there may be no wound at all externally, all the bones of the skull, and some of those of the face, may be broken by a hard blow with a heavy, blunt instrument. A case of this kind occurred, under my observation, in which all the bones of the skull were broken, the brains mashed into a pulp, and the bones at the base completely comminuted.

Although the statement made by the brother of this young man, "that he had received an injury to the chest," during the whole of the treatment nothing occurred which sustained the correctness of the statement.

Prescott Hewett, surgeon to St. George's Hospital, in his contributions to Holmes' System of Surgery, says the only symptoms that can be depended upon, as indicative of fractured base of the skull, are connected either with an escape of some of the contents of the skull, or with an injury done to the nerves, as they are emerging from the skull. The contents of the skull, which may escape in a fracture of the base, are blood, watery fluid, or brain substance. He thus speaks of the escape of blood:

"And now, in order that this escape of blood may take place, the line of fracture must run in certain given directions; it must, in its course, involve some of the large vascular channels lying at the base; and it must, moreover, open a road through which the blood can get out of the skull into some part where its escape may be visible. But should it so happen that the injury does not produce effects such as these, there may be a very extensive fracture of the base, the existence of which can not be revealed until the post-mortem examination takes place.

"A fracture at the base may manifest itself by an escape of blood into the cellular tissue of the orbit and eyelids; by bleeding at the nose, or subsequent vomiting of blood; by bleeding from the ears; by an escape of blood into the cellular tissue in the mastoid region, or that of the back of the head."

Many more of the symptoms pertaining to fractures at the base of the skull are related by this most excellent author, but the above quotation seems to exactly suit my case.

In that of Love, I think we clearly have strong reason to believe the blood vomited was the result of rupture of some of the vessels at the base of the brain. It is true, the evidence of bleeding did not continue as long as it might, yet quite long enough to establish the fact. And, in addition to this, there was the effusion of blood into the cellular tissue of the orbital conjunctiva, and also there was swelling of the lids and left side of the face.

Now, that bleeding from the nose or ears do not always accompany severe fractures at the base of the skull, and continue a long time, was verified in the case of another patient, named Croker, who died in the same ward the day that Love was received into the hospital, from the effect of a very severe injury to the vault of the cranium, extending, by direct force to the base of the skull, and fracturing it in the anterior, middle, and posterior fossa, from side to side. In addition to this, the nose was broken at the junction of the superior articulation of the nasal bone with the frontal, and this was the cause of hemorrhage, continuing a period of not more than two days. There had also been some bleeding from the ear, which did not last so long. In the case already alluded to, of the extensive fracture with communication of the bones at the base of the skull, there was no hemorrhage at all.

In addition to the effect produced on the vessels within the cranium, we must not overlook the change wrought upon some of the nerves. There is but little doubt that the optic nerve of the left eye had received an injury, the effect of which was to produce the permanent dilatation of the pupil and dimness of vision and in the beginning, dimness of vision in both eyes. Then, undoubtedly, the third nerve was also injured, producing the immobility of the orbit. And last, the fourth and sixth nerves

were also injured, which produced the paralysis of the eyelids and muscles of the eye.

Another interesting question is (admitting that there was fracture at the base of the skull in this case), was the fracture produced by direct or indirect violence of the base? I hold to the former opinion. It has been shown that the observation and experiments of Aran upon this subject, have clearly pointed out, that fracture at the base of the skull from *contre coup*, or indirect violence, is not as frequent as was formerly supposed, and that he combats wholly the ancient and still-prevailing opinion of fractures of the cranium, by what are called *contre coups*—*i. e.*, when the base, for example, is fractured by a blow upon an opposite and distant part. Hewett says: "The central bones of the base may be the only bones broken, when the front and back part of the head have been caught between two opposing forces." I do not, for my own part, see why a similar condition to the base can not be produced by the two opposing forces being applied to the right and left side of the head, as was evidently the case with Love.

It is very seldom justifiable to resort to operative interference in cases of fracture to the base of the skull, even when the case is well defined; yet the trephine has been applied successfully to the base, and very near the foramen magnum.

Hewitt again asks: "What occurs about the broken bones, when the patient survives a fractured base? Does union take place? And if so, by what medium are the broken bones united?"

"In some cases, even after a lengthened period—months and years—no traces of union has been found. In other cases, the line of fracture has been found united partly by dense fibrous tissue, and partly by a thin layer of inlaid bone; and to other cases again, bony union has been perfect, and throughout the whole line of fracture. In some cases of bony union, porous bone has been found heaped up along the sides of the line of fracture on the under side of the skull; and

when the fracture passes through one of the sinusus, this heaping up of bone may be such, that the channel becomes blocked up."

When the patient Love was first received into the hospital, a most careful examination was instituted to ascertain, as far as possible, the full extent of injury received, and none could be found except that connected with the head. And here there was no external appearance other than the bleeding of the nose, the diluted pupils, and the paralyzed condition of the lids and orbit of the left eye; yet his mind was in such a condition of vacancy or hebetude, as to lead to the suspicion of further injury to the brain, and this was further indicated by the frequent vomiting of fluids, recently drank, mixed with grumous blood. To be more certain of the appearance of the scalp, the hair was closely cut off, and this revealed the injury on the left side of the head, which was still more thoroughly explored, by making an incision through the scalp to the bone, where a slight depression with fissure was found. There being no decided symptoms of compression of the brain, such as to call for operative interference, no more than the exploring incision was made.

As a matter of precaution, in all cases where serious traumatic injury to the head of any kind is suspected, the hair should always be cut closely off, or the scalp shaved. Several cases of extensive fracture to the skull, which I have seen, both in my own patients and in that of others, would have been overlooked, had it not been for the precaution mentioned. The procedure, in any event, can do no harm, but, on the contrary, prepares the patient for any operation that may be required, and makes applications and dressings more effective when necessary to use them.

The plan of treatment adopted in the case of Love, was mildly depletive from the beginning to the termination of his illness. His bowels were kept open by the use of rochelle salts; the head kept cool with applications of water; cornmeal gruel for diet, and absolute rest.

Puerperal Eclampsia.

BY W. C. CHAPMAN, OF TOLEDO, OHIO.

PUERPERAL ECLAMPSIA.

BY W. C. CHAPMAN, M. D., OF TOLEDO.

MR. PRESIDENT AND GENTLEMEN OF THE SOCIETY:—Although the subject of puerperal eclampsia has received much attention from pathologists for years past, yet the subject has not been exhausted, nor has any definite conclusion been arrived at, as to the etiology and pathology of the disease. In many, perhaps most cases, there exists a certain poisoned condition of the blood, which has been considered the cause of all puerperal convulsions; but convulsive seizures have occurred where no such condition was present, and, therefore, that alone will not account for all cases of the disease.

When speaking of puerperal convulsions, I consider all convulsions occurring in a pregnant woman, and depending upon that condition of pregnancy for their development, as *true puerperal convulsions*. And although, pathologically considered, their origin may be the same, viz: nervous irritation; still, the causes for this irritation may be various, and the train of subsequent phenomena differ so one from another that, for clinical purposes, I think the classification made by the older writers is eminently proper, although the tendency of more modern authors would seem toward ignoring the division. Dr. Dewees named the various forms of the disease as epileptic, hysterical, and apoplectic. This is the division I would make in the consideration of the subject, with the substitution of the word epileptiform in place of epileptic, as I consider the condition is not one of true

epilepsy, but the symptoms frequently very nearly approach those of the true epileptic fit.

Cazeaux, and some other writers, would limit true puerperal convulsions to those directly brought about by reason of intoxication from retention of urea, or other excrementitious substances, in the blood, and would entirely ignore other forms of convulsive action. I think much needless confusion, both in diagnosis and treatment, has been occasioned by such views of the subject, and has led to unhappy results in a controversy as to the therapeutical measures to be instituted in any given case.

In the consideration of the forms of the disease, as classified above, the first that demands attention, both from frequency of occurrence and as being the "true" puerperal eclampsia of some writers, is the epileptiform variety induced by either the retention of excrementitious substances in the blood, or other causes acting upon the excitor nerves, or central organ — the spinal marrow. Some hold that uræmic intoxication alone is the cause of this variety of convulsion; those who advocate this idea, consider that the phenomena presented in a case of uræmic puerperal eclampsia differ in many respects from convulsions occurring in the non-pregnant woman. I fail to understand how there is sufficient difference to entitle this variety to the definition "true." Any case of uræmia presents the same train of symptoms, and the diagnostic peculiarities do not, in any way, point to a pathological condition other than presented in any case of uræmic intoxication. The symptoms in both cases are, undoubtedly, epileptiform in character, and the history of a case taken either from a work considering uræmia or uræmic puerperal convulsions, might be interchangeable, as far as any difference of diagnosis is concerned. I have now before me the writings of "Roberts on Uræmia" and Leishman on "Puerperal Eclampsia," two writers of undoubted authority, and on reading one, on his particular subject, the views of the other are but reflected. Such close

analogy existing between the two diseases, it seems strange that investigators should think best to call this one form the true puerperal fit, when, as I think, the phenomena are no more distinctive than are those which present themselves in the other two varieties—the hysterical and the apoplectic.

Reasoning from evidence, which might be produced if space permitted, I conclude that although uræmic poisoning may be one of the causative of this variety of the disease, yet I deny that it is the sole and only one. A discussion of the etiology and pathology, as I understand it, will now be considered.

In order that the pathology of epileptiform puerperal eclampsia may be discussed more satisfactorily, I will, as briefly as possible, review the anatomy and physiology of the uterine nerve distribution. The uterus is supplied by both sympathetic cerebro spinal branches, the former issuing from the hypogastric plexus and the latter from the third and fourth sacral nerves. It has been supposed that the cerebro spinal and sympathetic system of nerves were two separate and distinct systems, the one wholly independent of the other. This is nowise the case; one simply shares in the functions of the other, and both are intimately connected with the central organ—the spinal marrow. Both classes of nerves are formed of mixed fibres, which fibres may take their origin in the ganglia of the cerebro spinal or sympathetic nerves, or have fibres intermingled coming from either the brain or spinal column—the same excitents which make an impression upon the fibres of the one, will affect the other, although the time of development of that impression may be considerably longer in the one than the other. The sympathetic nerve has this distinctive feature, however, its action can not be controlled by the will, therefore the movements produced by it are involuntary. Such being the case, all vital operations are carried on without intellectual activity. In former years the brain was considered the center of all nerve force, being the one and only

nervous center. More modern investigation has proved that the spinal cord should be considered the most important in this relation. Formerly this cord was thought to be a bundle of nerves whose chief object was to convey impressions from the periphery to the brain and transmit nervous impulses from that organ to the periphery. The physiologist now continues the spinal cord, not only to the articulation of the atlas with the occiput, but into the cranium, terminating in the pituitary body lying upon the sella turcica.

The discovery by Magendi that the anterior columns of the cords were substantially motor, and the posterior sensory, has enabled physiologists and pathologists to understand the action of the whole nervous system far more accurately than if that fact remained unknown. In the complex arrangement of the various nerve fibres and ganglia, we have the ever present functions of sensation or motion, either voluntary or otherwise; the former we are pleased to call centripetal, the latter centrifugal, as in one the irritation being applied at the periphery is conveyed inwardly to the nerve centres, and the motor impulse then proceeds outwardly from these centres, and results in muscular contraction, causing motion in the part to which the nerve is distributed. It is not necessary for the impression to be conveyed to the brain to produce this result, for the gray matter of the cord has the power, without the intervention of the brain. This constitutes reflex excitability, and it is this reflex action that demands attention when the subject of convulsive action is under consideration. An impression made by any form of irritation upon a sensory fibre of a nerve, whether it belongs to the cerebro-spinal or sympathetic system, is conveyed to the ganglia of one or both of the great nerve centers, and then the motor fibres convey the power of motion to the part irritated. If the irritation then ceases, motion ceases, but if a continued irritation exists the motor nerve is excited to greater activity and local convulsive action occurs, which, continuing, other sensory fibres become

irritated, further extending the reflex action of the motor nerves, and we have resulting the pathological condition of general convulsive action, occasioned by excessive physiological inervation.

In studying any form of convulsion it becomes necessary to seek for the cause of irritation or excitement, and this will vary as often as any peculiar convulsive action is under consideration. I will endeavor, as clearly as possible, in the following pages, to show what causes may be active as irritants, in the puerperal condition, giving rise to the various forms of child-bed eclampsia.

The question of the existence of morbid elements in the blood has perhaps recently received more attention from pathologists than any other one, as a cause of puerperal eclampsia, and without doubt it is a very common condition found in convulsions of pregnancy.

It has been assumed that by the accumulation, within the blood, of excrementitious matters, removed in health by the kidneys or other organs, that it is rendered unfit for the proper support of the nervous system, thus rendering it unfit to perform its functions. What this toxæmic matter is has not yet been fully determined; some suppose it to be urea; others, notably Treirich, carbonate of ammonia, while others, and those who have more recently investigated the subject by experimentation upon animals, consider it due to an accumulation in the blood of all matters which, if continued through all histological changes, would be converted into urea or uric acid. Roberts in his "Urinary and Renal Diseases," says: "It has been hitherto supposed that the office of the kidneys was merely to separate from the channels of the circulation and to transmit to the urine the urea and uric acid which already existed performed in the blood; but it now appears not improbable that urea and uric acid are actually produced in the kidneys; and that any traces of them found in the blood are due to reabsorption from the urinary channels." The experiments made,

which proved this fact, were made on dogs, birds, and serpents; and to the same work by Roberts we are indebted for a brief account of the experiments made by Oppler, Perls, Zuleski, and others. When nephrotomy was performed, in no case was there an increase of urea in the blood, but when the ureters were ligatured urea rapidly increased in the blood, and in from twenty to thirty-seven hours death supervened, from uræmic coma. Reasoning from these facts, it is but right to suppose that pressure upon the kidneys alone would not cause the retention of urea, but that pressure along the ureters after the urine had passed from the kidneys might be sufficient to cause reabsorption of the poison after it had started on its way to the bladder.

Dr. Braun maintains that puerperal eclampsia is a disease of inflammatory origin, and that Bright's disease of the kidney is the primary cause of the convulsion. In many cases where a *post-mortem* examination has been made of those dying of this disease, so slight a lesion has been found in the kidney that it was impossible to believe the convulsion originated from any pathological condition of that organ. Pressure upon the renal veins has been urged by some as affording a satisfactory explanation in many cases, but does not account for those cases where albuminous urine exists in early pregnancy, or where pressure could not be exerted sufficiently strong to occasion such a result.

If the demonstrations lately made by Frankenhauser, of Jena, prove to be correct, and it now appears that future investigations will substantiate his discovery, I think we will have arrived at a more certain explanation of the phenomena of uræmic puerperal convulsions. He claims to have traced, by careful dissections, an intimate and direct connection between the uterine nerves and renal ganglia, and, therefore, he throws aside all such suppositions as are based upon the theory of pressure, and considers the nervous system and not the vas-

cular system as the point when puerperal convulsions emanate. The excitation of the uterine nerves, reflected upon the renal ganglia, is sufficient in his estimation, to produce an excess of albumen, without a long continued congestion of the kidneys, so often absent in women dying of convulsions.

Assuming Frankenhauser's discovery to have been substantiated, I am ready to believe, that it is, by this close nervous relation between the uterus and the kidneys, that an active congestion may be set up in the latter named organs, and the serum exuded by the over-distended capillaries appears in the urine; and the tests reveal the presence of albumen in more or less quantities, in proportion to the amount of congestion present. On account of the hyperæmic condition of the kidneys, their function is impaired, and the morphological elements are not excreted, thus remaining to poison the blood and produce their toxic effects upon the ganglia of the great nerve centers. That this congestion of the kidneys is present, when albuminous urine exists, has always been conceded, but unless the nervous irritation is accepted as the cause of this congestion, we can give no reason that will apply to all cases as has been mentioned before; pressure does not explain many cases, and Braun's theory that Bright's disease is always present, has not been proven, unless a congested condition of that organ can be considered as being the first step in the development of that disease. It is true that Bright's disease may be found existing in a pregnant woman, but in no wise does the relation of cause and effect exist between this condition and puerperal convulsions. Many *post mortem* investigations have shown the presence of a degenerated kidney, with which there was no history of previous convulsions.

I do not think it proved that urea or uric acid are the only toxic agents in the blood of eclamptic patients, but we know that all the abdominal organs are more or less affected by pregnancy, all their functions being materially interfered with, the liver and spleen are frequently congested, and con-

stipation is very common. The action of the lungs is also impeded, and the blood may not be therefore completely aereated. As a consequence of this imperfect action, we have all the elements remaining, to a greater or less degree, which would be eliminated did the histological changes take place in an unimpregnated condition. It has been proven that during the stage of gestation, the blood is in a watery condition, with a deficiency of red corpuscles, being really aenemic. The nerve centres are therefore in a disordered condition, on account of a non-supply of healthy nutrition, and the parturient climax is only required to cause a loss of equilibrium, and so bring about the impending convulsions.

If we accept the foregoing as an explanation of the pathology of uræmic puerperal convulsions, the question arises, why then should the disease be so infrequent, all forms of convulsions not occurring, but in the ratio of one to three hundred and fifty labors? I answer that gestation, in the vast majority of cases, is a physiological condition. There may be an excessive action of the uterine nerves, reflected by the renal ganglia, but in most cases, the kidneys are amply competent to perform the extra work imposed upon them. Then the general nervous susceptibility of various patients, differ so much, that an impression, which in one would cause a degree of discomfort, would be unnoticed by another. In fact the kidneys, in many, may even be acted upon to such an extent, that a sufficient degree of congestion is established to cause an exudation of albumen, found abundantly in the urine, with no appreciable result detrimental to the health of the patient.

There is no doubt, but that the majority of puerperal convulsions are of this epileptiform variety; but, as I mentioned in the beginning of this article, I also recognize two other forms of the disease, and as the hysterical variety is observed next in frequency, it will be considered now.

As hysteria is a disease, resulting in nearly every case in recovery, it has, of course, been impossible to observe any post mortem changes; and those examinations, made after

death, of those who have died from other diseases, while also suffering from hysteria, have shown nothing that would be considered cause for the hysterical complication.

Understanding the close relationship existing between the various nerve fibres of the whole nervous system, it does not become difficult to find a cause for hysterical phenomena, observed during pregnancy, especially when one of those exquisitely nervous and impressible women, become the subject of observation. The reflex action, induced by the irritation of the sensory nerves of the uterus and other viscera, when taking upon themselves the extra labor of gestation, is sufficient to cause a convulsive attack, over which the mind, although perfectly cognizant of the seizure, has no control. During the parturient stage, this excitation of the nerves may become so great, that even consciousness is lost, and a convulsion bordering upon the epileptiform, may be developed.

There still remains one other form of puerperal convulsions to be considered—that is the apoplectic, and though the symptoms may be the same as in an apoplectic convulsion, not associated with the puerperal state, yet it is but right to designate this as a form of puerperal convulsion, so that when it is met with, it may be at once diagnosed. The intimate connection between the great sympathetic and other nerve fibres, has been shown in preceding pages; the vaso-moter nerves or those fillaments controlling the arterial circulation belonging to the sympathetic system, are therefore in direct communication with the cerebro spinal and cerebral centres. It is known that any excitement acting upon the nervous system, whether mental or physical, will have a direct influence upon the hearts action. This is every day observed in the phenomena attending sudden fright, or an unusual amount of labor performed, as in running or pumping. As all the vascular system sympathises with the hearts action, so the reflex action is made apparent in the flush of the face, or the vertigo and partial blindness, occasioned by cerebral engorgement; in a vast majority of cases, these phenomena

do not pass the bounds of physiological action, but sometimes when the excitement is extreme, the condition may become pathological. If a branch of the great sympathetic is cut, we have an instant paralyzation of the coats of the arteries supplied, and a consequent dilatation of the arteries and a filling to distention of the capillary net work, they seeming to be entirely passive. Küss has discussed, in full, in a course of lectures on physiology, delivered at the University of Strausburg, the action of the nerves on the capillaries, and I would refer you to them as being as comprehensive as any published. I cannot consider the question more fully here, but I would state that it has been proven, that by certain reflex action, the vaso-motor nerves, do, undoubtedly cause a dilatation of the capillaries and arteries, when an irritation is set up in any organ this may be transferred to other organs, remote, but in nervous connection with the part irritated.

Considering the foregoing facts, it may be readily understood, that a uterine excitement as great as that connected with gestation and parturition, is sufficient to cause great nervous irritability; the blood vessels participating in the general condition. The term labor, is eminently proper in expressing the parturient act, at which time the whole strength of the patient is concentrated in the effort of expulsion; the heart acting full and strong, the vis a' tergo is increased, and the blood being forced through the dilatable arteries, the capillaries become engorged, and there results a congested condition. In the brain, where the supply of blood is great, hyperæmia will be excessive. When the coats of the vessels are at all weakened by disease, or the pressure greater than they can resist, serious or hemorrhagic effusion takes place, with symptoms of well-marked apoplexy. A prolonged and severe expulsive effort in parturition would be amply sufficient to bring about such a result.

I have thus presented the three forms of puerperal convulsions, and considered the pathology of each as fully as

space will permit. I have not given the symptoms of each, as a knowledge of the symptoms presented, in any of the forms of convulsions occurring in the non-pregnant condition is all that is necessary. I would, however, urge the necessity of a proper diagnosis as to the form of convulsion before any line of treatment is instituted, and, in no case, pursue a routine course, because a puerperal convulsion is under observation. Vary the treatment always as the symptoms of the case indicate. I would, therefore, in conclusion, again press upon your minds the desirableness of adhering to the classification of the older authors, and consider clinically, the hysterical and apoplectic convulsions, occurring in child-bed, as truly puerperal, as the epileptiform variety—the one form singled out as "true" by many modern writers.

Railroad Locomotor Ataxis,

WITH CASES.

By W. J. Scott, M. D., of Cleveland.

Railroad Locomotor Ataxis,

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By W. J. Scott, M. D., of Cleveland.

I have observed, carefully, a few cases of a peculiar condition in railroad men, which I have not seen very well described any where.

Case 1.—Mr. ——, an old railroad conductor on the Columbus road. Ten years ago he gradually became affected, with these symptoms: His digestion became bad; he lost strength; he had palpitation of the heart; urination was not easy on the train when in motion. He began to notice that he could not get on and off the train with his accustomed ease. He began to feel more or less insecurity in his steps, and a little later the feet seemed slightly numb, and he had pain in back and pain in the lower extremities. He had now, unsteadiness in his step, with a sensation of vertigo, and he, for a long time, could not walk well unless he looked at the feet. With all this he continued at his post, on the road. He had consulted his physician, who treated him with little pills, for three years, without advantage. He then consulted another man, who would cure him by electricity. He accordingly gave him a strong application of the interrupted current, which was followed by congestion of the spinal cord, from which the patient suffered acutely, for some days, and, from the effects of which, he never recovered. In this condition I saw the man first, as a patient. He came out of this acute attack with motion and sensation more interfered wit[illegible] an previously. Afterwards he had to use a stick in [illegible] motion; these functions became more and more at fault [illegible] he had to have two sticks, and then had to have the

assistance of a second person to walk, and now he is unable to walk by any amount of assistane, and yet he lives. He has now this condition, which Trouseau describes as locomotor ataxia, or schlerosis.

CASE 2.—C. W., a heavy man, conductor on the Fort Wayne & Pittsburg & Chicago Railroad, consulted me in 1868. He had disurea, palpitation of the heart, indigestion; was unsteady on his feet; could not remember as well as formerly; stricture around the thorax; pain in the back. I gave an unfavorable prognosis, and advised him to quit railroading. He said he could not do it. He consulted medical men in Philadelphia, Chicago, &c., and died within two years.

CASE 3.—W. C., of Pittsburg, a conductor of freight on P. F. C. Railroad—a tall, spare man, weight 160 pounds; dark complexion, temperate, good habits; had been sixteen years on the road. For the last six years had been complaining. I saw him in November, 1872. He had been under the care of his physicians in Pittsburg for three years previously. The first one to whom he applied treated him eighteen months, for indigestion and liver complaint, without advantage. He then consulted another, who prescribed for him for nine months, and no advantage gained. When I first saw him I found these symptoms—he was yet at work: Had progressively become debilitated, with bad digestion, palpitation of the heart, torpid condition of the bowels, nervous, pain between the shoulders and tenderness along the spine, stricture around the thorax, palpitation of the heart on slight exertion, urine full of lithates, loss of strength, and emaciation gradually going on. He could not remember as well as formerly—was sensible of not being perfectly secure on his feet, but had control of locomotion by paying attention to it; but if the attention was divided he became more sensible of want of perfect control of muscular movements, or when walking, if he should look off to either side, at once he became unsteady. With these symptoms I found him. With my diagnosis he returned to his

former physicians in Pittsburg, who disagreed with my views of the case. He then consulted a gentleman of Philadelphia, who, after a careful examination, thought that probably my diagnosis might be correct, but said the case was an obscure one. The gentleman returned to me with the views and the notions of these gentlemen.

In the spring of 1873, saw Mr. M. P., who had been on the C., C. & C. Railroad for sixteen years, in almost every capacity—but a part of the time a locomotive engineer—complaining with very nearly the same symptoms of W. C. I put him off the road, as one condition of treatment. In two months he so far recovered that he thought he could resume work again as conductor of freight. I forbid his return, as he valued his life. He is now at work for the company in another capacity, and enjoying tolerable health.

Mr. P. L., was another old engineer of the same road, who, for a number of years, was afflicted with disurea, when on the engine, in motion, and had slight numbness of his hands and feet, and could not get on and off the engine very easily; yet, when at his post, could run the machinery as well as any one. He was an intemperate man, and failed rapidly at last.

Looking to the authorities for an interpretation of these cases—and I could add others, but these are sufficient—I find the best account in Trouseau's Clinical Lectures of Locomotor Ataxia. None of his cases are similar to these in symptoms, for the reason that he begins his description of the case when there was present already, schlerosis, and the preliminary stages had been passed through. Trouseau quotes his definition from Duchenne (de Bouloyne): "Progressive abolition of the faculty of co-ordinating movements, and apparent paralysis interfering with the integrity of the muscular power." Evidently this definition takes the disease in the middle; and the long course of symptoms and conditions, in the first stages, are overlooked.

Again he says: "If you ask an individual, suffering from ataxy, to walk, he staggers, makes great efforts to maintain his equilibrium, and, feeling that his muscles do not respond to the influence of his will, he seeks for a point of support." In all of his masterly discussion of this grave and interesting disease, he overlooks the first stage, so that the time for treatment is wholly past before he comes to it.

The cases from which he obtained his pathological anatomy were entirely different from mine, and I think it possible that their conditions might be different. In his cases of dissection, the disease had been induced by sexual and venereal excesses; and, consequently, the great pathological changes found were in the sensory nerves and column of the spine, reaching the brain in this way. The description of the cases is not sufficiently minute to tell us whether the sensory or motor function was first interfered with. In the cases that I am reporting, the motor disturbance was first at fault. It seems to me, long before any disturbance of sensory or motor function was a noticable feature in the nervous phenomena, there were, evidently, symptoms depending more on nervous conditions, than on any other physiological or pathological condition. The disturbance of the digestive function and of the heart's action, have their exciting cause in disturbed nervous influence, through the relation of the vasa motor set of nerves, or the great sympathetic set of ganglia, not because they are primarily affected, but by their relation with the spinal ganglia, whether we have the anterior or posterior column affected. In this railroad disease these symptoms will follow the disease of either column of the cord; and, indeed, all parts of the cord will speedily become seriously affected.

If you place a man on his feet in a car, and keep him so for a long time, at first he becomes tired by the constant attention to keep his muscles guarded, so as to meet at all times the liability to sudden changes in the center of gravity. This extra amount of muscular tenacity must be kept up

through the motor set of nerves. It seems to me that the spinal ganglia, thus continually taxed, would present, first, functional derangement. And when this becomes considerable, that their connection with the other ganglia may cause them to manifest the symptoms depending on hyperesthesia of all the ganglia; or, after a long time, those depending on a want of nutrition; or, at a still later period, the exciting cause continuing, such as a total obliteration of function, and we approach the condition which authors describe as "ataxy." On the other hand, it may be said that intelligence of these facts is communicated to the sensorium through the sensory ganglia, and hence they are both alike taxed at the same time.

It seems to me that the stronger power is required of the motor apparatus. Take the cases referred to by Trouscau, in which a like condition has been produced by frequent and continued sensory excitation, and the pathological anatomy is found in the root of posterior nerves, and their ganglia reaching to the brain; thus affecting all the ganglia spinal, sympathetic, sensorial, and perhaps cerebral, and in this way destroying, ultimately, the power of co-ordination, and, in the end, producing schlerosis, the pathological anatomy of which can be easily demonstrated; but the same can not be said of that long series of first symptoms, neither by the scalpel nor the microscope; and yet they have as distinct and no less important a pathology as "schlerosis," and are the precursors of it. Now, add to these disturbing causes the divided attention of a locomotive engineer. He must attend to the condition of his machinery, watch for signals, and see that the track is clear, while the train speeds its way. The great wonder is that more of this class do not fail.

The treatment is the important part of the subject. The early recognition of the premonitory symptoms is the only safety to the patient. After the organic changes are wrought *certainly* any treatment is useless, which I judge is Robert's

opinion. He describes the disease well, and stops at that. Trouseau and Duchenne treated their cases, as they saw them, unsuccessfully. And so will we, if we do not recognize the condition until it is in the last stage. But if we look on the indigestion, the palpitation of the heart, the want of the accustomed quickness of perception, the slight failure in the memory, the inability to urinate when the train is in motion, the inability to direct the motion of the limbs without watching them, the numbness of hands and sometimes the feet. With some of these conditions, tolerably well marked, especially in a railroad man, we may be certain that they are unfailing signs of serious trouble, and in the general management of these conditions the only safety is for the patient to quit at once his business. If he continues, no treatment will be of any avail, but a worse set of symptoms and conditions, which are more grave in character, will in time be developed.

Now, to meet the therapeutical indications, the importance and cause of the early symptoms must be appreciated. Flint says that "the treatment will require but a few words. There is no special plan of medication as yet established. Some benefit may be derived from the *judicious* use of electricity." Trouseau says, "the persevering use of sulphur baths has proved useful." Wunderlich advocates the use of nitrate of silver as a curative agent.

It seems to me that this kind of therapeutics is remarkably deficient for the treatment of so grave a set of symptoms. Take the symptoms as they present themselves in the stages of the disease, and usually we find that the indigestive disturbances are the first symptoms that we find the afflicted to complain of. Remedies directed alone to this function will not accomplish much for relief.

The cause of the disturbance is a nervous one, and comes from the disturbed condition of the sympathetic ganglionic system. These ganglia will be readily disturbed, whether disturbance, primarily—be in the anterior or posterior column of

the cord. It is known that the ganglia of the three sets of nerves are intimately associated, and beautifully and wisely connected one with the other. A disturbance of the origin of the pneumogastric will at once be reflected on the heart and stomach, and in that way we have these two important functions almost simultaneously affected. In railroad ataxia the apparatus, whose function is to keep up tonicity of muscles, will be continually taxed, and, in addition to this, the constant guard kept over the muscles so as to prevent accident, it would seem to me most likely to become affected, when we take into account the continual motility of this function by reason of the continual attention which must be manifested through the motor nerves. The symptoms manifesting themselves in these cases, are those which would come from motor disturbance first, and afterwards those of sensory apparatus becomes affected; in either case we have the sympathetic system affected about equally alike.

If any thing like this is the pathogeny of this first stage, and while there is possibly no organic lesion, the therapeutical indication certainly is plain to avoid the cause which has led to such condition. That is the important part of the treatment which, in my experience, has been wholly neglected, both by the physician and the patient. If we see the case in the stage of hyperæsthesia of the centers, counter irritation is advisable with such remedies as control the circulation of the cord—belladonna, hyoscyamus, stramonium, tincture of cantharides and ergot, bromide of sodium, bromide of potassium, bromide of ammonium, and after this stage is past, and we have the changed nutrition and a failure of nervous power, to this may be added strychnia, or the preparations of nux vomica, which I believe to be better than the strychnia. For the heart symptoms, I would combine with the above, in all stages, digitalis, in moderate dose, and if there is anæmia, occasionally a little iron. With this class of remedies, I have seen several cases so much improved.

as to be able to attend to business. But some times it is impossible to accomplish any thing in the treatment.

In the last stage, as described by Trouseau and Duchenne, where evidently there is already organic change of structure, no treatment is or can be of any advantage. When we get schlerosis of the cord, whether it is posterior or anterior, it makes no differenence, and the patient ought to be told so, and let him accept the situation and save his money from the hands of quacks, springs, and water-cure establishments.

LIST OF

DECEASED MEMBERS,

OF THE

Ohio State Medical Society,

With Date of Admission and Date of Death.

NAME.	P. O. ADDRESS.	ADMITTED.	DIED.
Ackley, H. A.	Cleveland	1850	
Allen, Peter	Kinsman	1850	
Amos, C. E.	Cleveland	1852	
Andrews, F. M.	Dayton	1862	*Army.*
Angel, E.	Akron	1852	
Arnold, Emil	Ironton	1873	
Baker, A. H.	Cincinnati	1846	1865
Baker, Timothy H.	Wooster	1851	1871
Ballard, H. D.	Findlay		1871
Blackman, G. C.	Cincinnati	1860	1871
Boyle, C. E.	Columbus	1851	1870
Boalse, A. N.	Lockburn	1848	
Boerstler, G. W.	Lancaster	1846	1871
Brown, B. S.	Bellefontaine	1855	1873
Brown, E. T.	Logan	1849	
Bronson, James	Newton Falls	1852	
Brennan, Thomas	Dayton	1855	1858
Bridge, W. W.	Marion	1859	1864
Baggs, James	Ontario	1866	1868
Buckner, Phillip J.	Cincinnati	1850	
Buckner, Wm.	Hamilton	1853	
Butterfield, John	Columbus	1846	1847
Carey, Abel	Salem	1852	1872
Carroll, Thomas	Cincinnati	1854	1871
Caldwell, Joseph	Huron	1857	1866
Chamberlain, E. K.	Cincinnati	1847	1847
Conner, P. S.	Cincinnati	1853	1854
Cook, Charles C.	Youngstown	1862	1863
Cook, F.	Atwater	1853	1857
Cox, D. A.	New Paris	1846	

NAME.	P. O. ADDRESS.	ADMITTED.	DIED.
Crook, James M	Dayton	1853	
Crume, P. M	Eaton	1847	1869
Dawson, John	Columbus	1851	1866
Danna, M		1849	
Dean, W. F	Milan	1857	*Army.*
Delemater, John	Cleveland	1850	1867
Dodge, I. S	Cincinnati	1854	1872
Doherty, G. A	Cincinnati	1868	1873
Dolman, Wm	Cleveland	1852	
Ells, G. E	Lithopolis	1849	1867
Foote, H. E	Cincinnati	1854	1871
Fries, George	Cincinnati	1862	1866
Fyffe, E. P	Urbana	1851	1867
Gabriel, R. W	Dublin	1854	1860
Gailey, J. D	Marion	1851	
Gans, S	Cincinnati	1861	1864
Gard, B. F	Columbus	1847	1849
Gatson, E	Morristown	1849	1868
Gille, L. C. C	Westville	1853	
Green, M	Cambridge	1855	1856
Griswold, Wayne	Circleville	1866	
Haggott, J. P	Eaton	1861	1862
Haines, Job	Dayton	1853	1860
Haines, V	Cambridge	1853	1865
Hall, W C	Fayetteville	1859	1872
Helmick, G. W	Harrisburg	1848	
Henderson, W	Delaware	1848	1866
Hopkins, Rudd C	Newburg	1852	*Army.*
Hornbeck, L	New Carlisle	1849	1865
Howard, R. L	Columbus	1846	
Hughes, J. W	Berlin Center	1858	1869
Hurxthall, F. T	Massillon	1849	
Johnson, Wm	Delaware	1850	
Judkins, J. P	Cincinnati	1846	1867
Judkins, Wm	Cincinnati	1847	1861
Kable, W. R	Bellebrook	1846	1859
Kennedy, J. L	Batavia	1864	1866
Kreider, M. Z	Lancaster	1846	1852
Kyle, J. G	Xenia	1856	1870
Lathrop, H	Columbus	1846	1849
Lawson, L. M	Cincinnati	1853	1864
Marshall, N. T	Cincinnati	1854	
Martin, Joshua	Xenia	1853	1857
Matson, A. F	Logansville	1857	1867

NAME.	P. O. ADDRESS.	ADMITTED.	DIED.
McCracken, W. A	Springfield	1867	
McGuire, W. B	Waynesville	1848	
McMeans, R. R	Sandusky	1854	1862
McNeal, F. D	Canal Dover	1854	
Metz, Abram	Massillon	1852	
Mendenhall, G	Cincinnati	1854	1874
Merriman, A	Madison	1853	1867
Mitchell, G. F	Mansfield	1850	1869
Mitchell, M	Mansfield	1863	1864
Millikin, Samuel	Hamilton	1853	
Moore, Jonas	Marietta	1852	1856
Morehead, W	Zanesville	1855	1861
Mount, William	Cumminsville	1853	1866
Mussey, R. D	Cincinnati	1847	1866
Norton, J. C	Marion	1848	
Oliver, J. Q	Cincinnati	1854	
Pease, L. T	Williamsburg	1863	1874
Potter, J. F	Cincinnati	1854	1868
Purple, J. G	Brooklyn	1853	
Putnam, J	Gahn	1873	1873
Reid, J. T	Fairfield	1864	1864
Risinger, J. F	Galion	1849	1866
Rigdon, L	Hamilton	1853	1865
Rives, L. C	Cincinnati	1850	1870
Rodman, Thomas S	Cleveland	1852	
Robertson, James	Perrysburg	1853	1854
Sachse, G. J	Columbus	1846	1860
Sanders, Moses	Norwalk	1853	
Shotwell, John T	Cincinnati	1850	1850
Shædford, R. J	Midway	1853	1868
Sheppard, W. A	New Vienna	1856	1872
Silver, D. H	Columbus	1851	1864
Skinner, J. S	Columbus	1849	
Sharpe, E. C	Williamsburg	1859	1868
Smith, Edmund		1850	1850
Smith, A. C	Medina	1852	1861
Smith, J. A	Piqua	1853	1858
Smith, S. M	Columbus	1846	1874
Spillman, Henry	Medina	1855	1862
Stanton, Benjamin	Salem	1852	1861
Story, R	Cleveland	1852	1866
Taggart, T. M	Dalton	1857	1867
Taliaferro, Wm. T	Cincinnati	1854	1871
Tappan, Benjamin	Steubenville	1852	

NAME.	P. O. ADDRESS.	ADMITTED.	DIED.
Thompson, M	Mount Vernon	1850	1867
Thompson, Robert	Columbus	1846	1865
Thompson, J. W	Columbus	1860	1862
Thomas, K. G	Alliance	1858	1869
Tild n, D. J	Toledo	1850	
Tilden, Daniel	Sandusky	1856	1870
Tullis, J. W	Troy	1851	
Van Pearse, James	Columbus	1850	
Van Tuyl, D. R	South Bend	1850	
Van Tuyl, H	Dayton	1853	
Wallace, R	Lewisburg	1861	1865
White, John		1848	
Wigton, A. K	Delaware	1861	1862
Weatherby, A. S	Cardington	1865	1870
Woody, Robert	Eaton	1863	1872

LIST OF

MEMBERS

OF THE

Ohio State Medical Society,

With P. O. Address and Date of Admission.

NAME.	P. O. ADDRESS.	ADMITTED.
Adams, D. P.	Columbus	1873
Adams, John M.	Lebanon	1874
Adams, John W.	Lebanon	
Adams, John M.	Ridgeville	1874
Agard, Aurelius H.	Sandusky	1853
Aiken, P. J.	Newark	1869
Alcorn, A. W.	Ravenna	1870
Allen, Dudley	Oberlin	1870
Allen, D. B.	West Liberty	1865
Amick, M. L.	Cincinnati	1874
Anderson, W. S.	Newtonville	1867
Andrus, A.	Westerville	1872
Applegate, Fred. C.	W ndham	1859
Armstrong, T. H.	Powhatan Point	1862
Bailey, J. S.	Freeport	1873
Ball, A.	Zanesville	1848
Baker, Norman	Lucas	1858
Ballinger, Wm J.	Pleasant Valley	1864
Bartholow, Roberts	Cincinnati	1869
Bartlett, E. P.	Genoa	1874
Beach, C. H.	Wellington	1868
Beach, T. D.	Alton	1874
Beach, J. N.	West Jefferson	1859
Beach, A. J.	Belleville	1863
Belding, Alvin	Ravenna	1853
Bell, E. R.	Ripley	1871
Bell, A. E.	Zanesville	1855
Beagrand, Pierce	Fremont	1853

NAME.	P. O. ADDRESS.	ADMITTED.
Besse, H.	Delaware	1868
Battles, W. S.	Shreve	1858
Berlin, C. T.	Wapakoneta	1868
Bennett, P. C.	Garrettsville	1870
Bennet, John.	Cleveland	1869
Beardsley, C. E.	Ottawa	1869
Bertolett, W. J.	Shreve	1869
Bertolett, J. B.	Letonia	1870
Bertolett, H. A.	Washingtonville	1870
Berger, S. H.	Toledo	1874
Beverly, P. F.	Jerome	1862
Bishop, J. C.	Middleport	1873
Bishop, L. W.	Maineville	1871
Bishop, S. P.	Delta	1870
Bigney, P. M	Cincinnati	1871
Bigelow, J. M.	Lancaster	1846
Bigelow, Asa	Toledo	1874
Bing, J. P.	Portsmouth	1851
Blizzard, S. R.	Huntsville	1860
Blymer, A.	Delaware	1868
Black, J. R.	Newark	1867
Blesch, P. E.	Columbus	1869
Bonner, Stephen	Cincinnati	1847
Bond, J. W.	Toledo	1874
Boyd, G. M.	Xenia	1857
Bowers, E. D.	Columbus	861
Boerstler, G. W., Jr.	Lancaster	1870
Brockett, A. J.	Bristolville	1874
Brown, J. E.	McConnellsville	1873
Brown, A. M.	Cincinnati	1851
Brown, J. C.	Urbana	1863
Brown, J. A.	DeGraff	1860
Brook, G. W.	Ellsworth	1858
Brooks, J. H.	Brownsville	1854
Bruce, A. G.	Clarksfield	1870
Bramble, D. D.	Cincinnati	1870
Bryson, C. C.		1871
Brainard, A. C.	Orangeville	1870
Brainard, H. C.	Cleveland	1870
Bryant, W. G.	Springfield	1871
Bracken, W. C.	Jersey	1869
Brayton, A.	Cary	1859
Brellen, Joseph	Grove City	1856

NAME.	P. O. ADDRESS.	ADMITTED.
Bricker, W. R.	Shelby	1848
Brinkerhoof, D. H.	Fremont	1853
Buckner, J. H.	Cincinnati	1863
Buckingham, E. M.	Springfield	1855
Buckingham, E. V. B.	Centerton	1874
Burr, J. N.	Mount Vernon	1853
Bunce, Wm	Oberlin	1864
Butler, G W	Alton	1869
Butler, Geo. O.	Cleveland	1870
Belts, Mrs. Helen L.	Youngstown	1875
Brooks, Mrs. S.	Akron	1875
Baldwin, J. F	Columbus	1875
Campbell, John	Uniontown	1855
Campbell, W. H	Vanceburg, Ky.	1871
Caruthers, John A.	Killbourne	1859
Caldwell, W. W	Hamilton	1874
Cadwallader, Rowland	Findlay	1862
Carter, J. O	Marion	1866
Carmichael, W. A.	Loveland	1871
Cassat, M	Cincinnati	1870
Carson, Wm	Cincinnati	1871
Carson, W. B.	McComb	1874
Carrick, A. L.	Cincinnati	1871
Chase, B. S.	Akron	1870
Chase, James L.	Toledo	1874
Chamberlain, D. P.	Toledo	1874
Cherry, Wm	Toledo	1874
Chisholm, J. W.	Mt. Perry	1873
Clark, Henry P.	Ashland	1862
Clark, John H.	Dayton	1869
Clason, Thos. S.	Bellefontaine	1865
Cotton, J. D.	Marietta	1852
Cotton, D. B.	Portsmouth	1872
Cottle, L. A.	Maineville	1871
Coleman, David	West Union	1872
Coble, D. W.	Westerville	1872
Courtwright, A. P	Cincinnati	1871
Courtwright, G. S.	Lithopolis	1867
Conklin, W. J.	Dayton	1868
Conklin, H. S.	Sidney	1849
Conner, P. S.	Cincinnati	1868
Constant, W. S.	Delaware	1866
Coons, Israel A.	Middletown	1853

NAME.	P. O. ADDRESS.	ADMITTED.
Corson, John	Middletown	1866
Comegys, C. G	Cincinnati	1871
Combs, J. S	Owensville	1865
Corwell, H. G	Youngstown	1874
Corey, John M	Fremont	1874
Coldham, James	Toledo	1874
Crafts, John M	Mantua, Portage Co	1874
Craig, B. W	Mansfield	1874
Culver, J. F	Belpre	1874
Cuykendall, M. C	Bucyrus	1874
Cutler, E. J	Cleveland	1870
Cutler, James	Bell Point	1864
Cushing, H. K	Cleveland	1857
Culbertson, Howard	Zanesville	1855
Coulson, E. G	Pennsville	1875
Coleman, N. R	Harrisville	1875
Chapman, W. C	Toledo	1875
Cooney, H	Bryon	1874
Cake, W. M	West Independence	1875
Dawson, W. W	Cincinnati	1853
Davis, John	Dayton	1853
Davis, John	Cincinnati	1854
Davis, O. E	Cincinnati	1871
Davis, Wm. B	Cincinnati	1865
Davis, T. D	Dayton	1872
Dandridge, A. S	Cincinnati	1854
Dandridge, N. P	Cincinnati	1871
Darwin, Henry W	Gettysburg	1859
Dalby Isaac N	Cleveland	1870
Day, E. A		1871
Dew, J. S	Trimble	1873
Denning, R. M	Columbus	1851
Dean, Geo. A	McComb	1874
Duncan, James A	Toledo	1874
Denman, M. N	West Unity	1874
Donahoe, H. J	Sandusky	1854
Douglass, W. W	Toledo	1874
Drake, I. L	Lebanon	1859
Drury, Wm. H	Columbus	1859
Dunlap, Alexander	Springfield	1854
Dunlap, A. S	Dayton	1868
Dunlap, C. W	Springfield	1869
Dunham, J. M	Columbus	1873
Davy, R. B	Cincinnati	1875

NAME.	P. O. ADDRESS.	ADMITTED.
Ebright, L. S.	Wadsworth	1870
Eckman, Hiram	Tuscarawas	1869
Edwards, J. D.	Xenia	1867
Edwards, Tom O., Jr	Lancaster	1873
Ellis, A. N	Lo kland	1868
Ellsberry, W. W	Georgetown	1874
Erwin, R. W	B y City, Mich	1872
Estep, William	Lloydsville	1852
Everhard, N. S.	Wadsworth	1870
Farrell, T. J	Columbus	1873
Falconer, Cyrus	Hamilton	1854
Fenneberg, Gustavus	Toledo	1874
Firmin, F. W	Findlay	1874
Fisher, P. Q	Nashport	1873
Firestone, J. L.	Salem	1870
Firestone, L.	Wooster	1852
Finch, S. F	Green Springs	1857
Finch, C. M.	Portsmouth	1869
Forbes, S. F	Toledo	1856
Follett, Alfred	Granville	1864
Foster, Nathaniel	Cincinnati	1854
Fowler, S. W.	Delaware	1873
Frizzell, W. A	Freestone	1872
Frankenberg, O	Columbus	1873
Fuller, A. B	Loudonville	1868
Fuller, S. W	Bellefontaine	1853
Fisher, A. W	Toledo	1875
Gardner, G. W	Harrisburg	1873
Gay, N	Columbus	1848
Gabriel, J. F	Piqua	1856
Galpin, Loman	Milan	1857
Gawne, A. J	Cleveland	1870
Galer, Frank M	De Graff	1874
Gerwe, F. A. J	Cincinnati	1854
Gillett, Bartley	Springfield	1849
Gilchrist, R. S	De Graff	1856
Gilliam, D. L	Nelsonville	1873
Gibson, Richard McD	Tiffin	1871
Gordon, T. W	Georgetown	1849
Goble, P	Worthington	1849
Gotwald, A. G	Dayton	1854
Gonsaulis, C	Sparta	1863
Goldrick, Wm	Delaware	1868
Gould, D. T	Cleveland	1870

NAME.	P. O. ADDRESS.	ADMITTED.
Goodlove, Wm	Monterey	1874
Goodson, J. W	Bellevue	1874
Green, J. W	Fairfield	1853
Green, J. H	Troy	1871
Gray, S. S	Piqua	1867
Graefe, Wm	Sandusky City	1874
Gundry, Richard	Athens	1856
Guerin, Z. F	Columbus	1856
Guyttard, F	New Bedford	1870
Guthrie, James W	Wooster	1870
Glenn, Mrs. G. C	Akron	1875
Graefe, Phillip	Sandusky	1875
Greenamyer, P. S	Smithville	1875
Harley, L. G	Dalton	1853
Hamilton, J. W	Columbus	1849
Hart, B. F	Marietta	1854
Harmon, Julian	Warren	1857
Hall, W. E	Fayetteville	1859
Hall, N	Cumminsville	1871
Hall, J. M	Fayetteville	1871
Hall, C. B	Millersport	1872
Hall, Camillus	Burlington	1872
Hadley, Edwin	Richmond	1865
Hazzard, J. S. R	Springfield	1867
Harrison, Eugene B	Napoleon	1869
Halderman, D	Columbus	1869
Hadlock, J. W	Cincinnati	1871
Hague, J. H	Nashville	1874
Hartman, S. Duff	Tippecanoe City	1874
Hathaway, Calvin	Edgerton	1874
Hathaway, Harrison	Weaver's Corners	1874
Helmick, S. C	Baltimore	1873
Helmick, J	Harrisburg	1849
Henderson, J. P	Newville	1850
Henderson, D. W	Marysville	1856
Henderson, R. A	Upper Sandusky	1865
Hendrickson, Hugh	Lewis Center	1868
Herrick, H. J	Cleveland	1865
Herrick, L. C	Woodstock	1871
Heuston, R. C	Oxford	1868
Heighway, A. E	Cincinnati	1870
Hill, G. W	Ashland	1873
Hill, E. L	Oxford	1857
Hill, N. S	Neville	1866
Hill, H	West Alexandria	1867

NAME.	P. O. ADDRESS.	ADMITTED.
Hildreth, C. C	Zanesville	1853
Hitchcock, James	Port Clinton	1857
Higgins, C. W	Big Plain	1869
Hiner, S. B	Lima	1874
Hines, Isaac N	Cleveland	1874
Holston, J. G. F., Jr	Zanesville	1873
Hoover, T. C	Bellaire City	1873
Howard, E. W	Akron	1852
Holston, J. G. F	Zanesville	1850
Hopkins, D. O	St. Paris	1866
Hough, J. B	Ridgeville	1869
Houghton, J. W	Wellington	1870
Hobson, J. F	Newburg	1870
Hoff, J. W	Pomeroy	1872
Holdt, George	Cincinnati	1871
Hoege, Geo. L	Fostoria	1874
Hohly, Frederick	Toledo	1874
Huestis, Isaac	Chester Hill	1869
Hughes, E. E	Thurman	1873
Hubbard, J. C	Ashtabula	1856
Hunt, A. H	Blackleyville	1868
Hurd, A	Findlay	1870
Huggins, R. D	West Alexandria	1871
Hyatt, E. H	Delaware	1862
Hyde, Wm	Wauseon	1871
Hale, R. W	Fostoria	1875
Hanford, F. A	Akron	1875
Hard, E. G	Medina	1875
Hovey, N. B	Tiffin	1875
Holliday, B. W	Cleveland	1875
Hagus, H. P	Ravenna	1875
Herter, Carl	Sandusky	1875
Haugh, W. S	Moydon	1875
Isham, A. B	Walnut Hills, Cin	1871
Jacoby, F	Columbus	1873
Jacobs, W. C	Akron	1866
Jenner, A. E	Crestline	1866
Jennings, E	Dayton	1867
Jennings, J. D	Sonora	1869
Jewett, W. H	Hilliard	1869
Jewett, M	Middlebury	1870
Jewett, H. S	Dayton	1871
Jones, T. W	Columbus	1847
Jones, R. E	Gomer	1863
Jones, A. B	Portsmouth	1868

NAME.	P. O. ADDRESS.	ADMITTED.
Jones, W. H	Cleveland	1868
Jones, L. M.	West Liberty	1869
Jones, W. W	Toledo	1849
Jones, J. D	Newburg	1870
Jones, N. M	Cleveland	1870
Jones, Philo E	Wauseon	1874
Jobes, J. A	German, Darke Co	1870
Joseph, A. P	Fairmont	1862
Junkens, M. W	Bellaire	1859
Kay, Isaac	Springfield	1853
Keever, M. H	Ridgeville	1850
Kennedy, J. C	Batavia	1854
Keyt, A. T	Walnut Hills, Cin	1850
Kelley, H. R	Galion	1868
Kemp, J. D	Dayton	1868
Kemper, And. C	Cincinnati	1871
Kearney, T. H	Cincinnati	1871
Kendig, E. V	Haynesville	1874
Kincaid W. P	New Richmond	1854
Kinnaman, J. W	Ashland	1870
Kirby, Jacob	Hillsboro	1871
Kitchen, B. F	Clay Post Office	1872
Kitchen, H. W	Cleveland	1874
Kirkley, Cyrus A	Toledo	1874
Knowlton, A. P	Olmstead Falls	1870
Knox, C. E	Bellaire	1875
Laisy, Jacob	Cleveland	1874
Lawless, J. T	Toledo	1874
Landon, C. P	Westerville	1851
Lamme, W. H	Xenia	1853
Lane, E. S	Sandusky	1853
Larimore, F. C	Mt. Vernon	1871
Larimore, James	Newark	1875
Lang, E. R	Portsmouth	1871
Leonard, B. B	West Liberty	1854
Leonhard, C. S	Ravenna	1865
Lewis, Edward C	Canal Dover	1870
Lewis, W. C	Rushville	1869
Lewis, D	New Haven	1848
Lee, E. B	Garrettsville	1870
Little, J. A	Delaware	1868
Loving, S	Columbus	1858
Longfellow, A. J	Fostoria	1861
Longworth, W. N	Van Wert	1866
Loller, W. B	Nashville	1864

NAME.	P. O. ADDRESS.	ADMITTED.
Lord, J. M.	Chesterville	1868
Logan, W. M	Cincinnati	1871
Lucky, J. B	Elmore	1874
Luddington, H	Cincinnati	1871
Ludlow, J	Cincinnati	1871
Lyman, C. N	Wadsworth	1852
Longworth, L. R.	Cincinnati	1875
Long, J. W	Bryan	1875
Mahlman, H. A	Columbus	1869
Mahlman, C. H. W	Columbus	1859
Matchett, W. H	Greenville	1862
Maynard, A	Cleveland	1863
Mack, John	Shelby	1853
McBeth, J. C	Galion	1858
McBride, Alexander	Berea	1865
McCarty, Oliver	Polk	1862
McCasky, H	Felicity	1868
McCardy, John	Youngstown	1870
McCollom, E. J.	Tiffin	1871
McClure, James	Marietta	1866
McClurg, John	Center Village	1863
McCullough, J. G	Bealsville	1868
McCullough, A. M. F	Bealsville	1874
McDermott, C	Dayton	1857
McDowell, W. J	Portsmouth	1872
McEbright, Thomas G	Akron	1866
McElwe, S	New Castle	1866
McFarland, J. A	Tiffin	1850
McGraw, Aaron	Burton	1869
McGuire, J	Norwalk	1870
McKean, Wm	Mount Hope	1870
McKinley, C. G	Sunbury	1866
McKenna, L. F	Junction City	1873
McLaughlin, A. C	Tremont	1852
McLaughlin, R	Butler	1869
McNally, Thomas	Chillicothe	1853
McNeely, J. S	Hamilton	1867
McMillan, Alex	Genoa	1875
McMann, E. W	Nepoleon	1875
McConnelly, C. M	Vermillion	1875
McClellan, R. M	Xenia	1875
Mann, H. L	Wapakoneta	1875
Mead, M. S	Cleveland	1875
Musgrove, W. A	Urbana	1875

NAME.	P. O. ADDRESS.	ADMITTED.
Metcalf, C. T.	Warren	1870
Mendenhall, J. W.	Marathon	1871
Metzler A. S.	Buena Vista	1874
Myers, Benj.	Ashland	1874
Minor, T. C.	Cincinnati	1873
Miller, A. C.	Orrville	1858
Miller, Thomas V.	Columbus	1869
Miller, T. C	Cleveland	1870
Miller, C. A	Orrville	1871
Miles, A. J	Cincinnati	1869
Mitchell, George	Mansfield	1868
Moe, L. W.	Ottawa	1860
Monahan, A. B	Jackson	1872
Moore, W. C	Wooster	1852
Moore, William	New Lisbon	1865
Moore, Eugene L.	Moscow	1868
Moore, E	Warren	1868
Moore, A. C.	Amelia	1869
Moore, James	Ironton	1872
Morey, J. J		1871
Morris, F. B	Ross	1869
Morris, Jonathan	Ironton	1873
Morse, D. A	London	1868
Morgan, J. B. F	Clarksburg	1873
Morgan, E. D. S	Berlin	1872
Mounts, J. L.	Morrow	1860
Mouser, J. A	La Rue	1870
Murphy, J. A	Cincinnati	1872
Muscroft, C. S	Cincinnati	1854
Mussy, W. H	Cincinnati	1854
Mullen, T. J	New Richmond	1855
Murray, L. S	Medina	1870
Murbach, A. J	Archibald	1874
Nash, W. H. H.	Quaker Bottoms	1874
Naw, J. H.	Carroll	1873
Neal, T. L.	Dayton	1863
Neil, Alexander	Columbus	1868
Nicholson, W. H	Cleveland	1853
Noble, C. D.	Oberlin	1870
Noble, David	Hillsboro	1860
Nolan, J. G.	Toledo	1874
Norman, Frank	Columbus	1873
Nourse, J. D	Reynoldsburg	1873
Nunemaker, N. B	Athens	1875

NAME.	P. O. ADDRESS.	ADMITTED.
Orr, G. B.	Cincinnati	1871
Owsley, J. B	Jacksonburg	1871
Osborn, A. S.	Peru	1875
Paige, W. F	Johnstown	1864
Palmer, C. D.	Cincinnati	1871
Patterson, A. V	Mansfield	1861
Patterson, Wilson S.	New Lexington	1874
Pearce, Enoch, Jr	Steubenville	1859
Pearce, H. C	Urbana.	1867
Pearce. L. E	Cable	1869
Peck, W. L	College Hill	1853
Peck, W. V	New Richmond	1872
Perrin, James	Cleveland.	1870
Phillips, H. W	Kenton.	1866
Pixley, S. M	Portsmouth	1873
Pixley, Sumner	Cleveland,	1870
Pollock, Calvin	Donnelsville.	1873
Pomerene, P. P	Berlin.	1870
Pomerine, Joel	Millersburg	1858
Pomeroy, O	Chardon	1869
Potter, J. B	Canal Winchester.	1847
Pratt, E. B.	Mount Sterling.	1869
Price, Joseph	Randolph	1852
Preston, J. C	Brunswick.	1857
Priest, Jonathan	Toledo	1874
Primrose, J. P	Nelsonville	1872
Pullen, G. W	Logan.	1864
Pope, Leopold	Sandusky	1875
Quinn, J. J	Cincinnati	1875
Ralston, D. H	Granville	1864
Rathbun, C	Salem	1860
Rankin, A. H	Sandusky.	1870
Randall, R	Bath	1870
Raymond, B	Lancaster	1860
Reamy, T. A	Cincinnati	1855
Reed, N. C	Columbus	1873
Reed, C. H	Toledo	1873
Reed, A. B	Brooklyn Village	1870
Reed, A. N	Norwalk	1870
Reed, R. C. S	Jones' Station.	1867
Reed, William	Iberia	1865
Reed, C. R	Middleport	1864
Reed, C. A. Lee	Cincinnati	1874
Reeve, J. C	Dayton	1861

NAME.	P. O. ADDRESS.	ADMITTED.
Reid, J. L	Van Wert	1874
Reed, J. T	Massillon	1875
Ridenour, A. W	Massillon	1875
Ringham, J	Port Clinton	1875
Riggs, John U	Bryan.	1873
Rice, J. B	Fremont.	1868
Ridenour, W. T.	Toledo	1870
Rives, Landon	Cincinnati	1853
Robb, Andrew	Blanchester	1859
Robertson, Charles	McConnellsville	1849
Robinson, J. D	Wooster	1856
Robinson, J. N	Medina	1856
Robb, M		1871
Rodgers, J. H	Springfield	1859
Rogers, Robert	Springfield	1847
Rogers, J. G	New Richmond	1853
Roots, W. Y	Milford Center.	1869
Root, H. A	Toledo.	1874
Root, E. B	Painsville	1874
Ropp, W. P	Delaware.	1869
Rosenfeldt, A	Cincinnati	1871
Russell, J. W	Mt. Vernon	1848
Russell, I. W	Mt. Vernon.	1870
Runyon, —	West Unity	1874
Salisbury, J. N	Russellville.	1872
Saylor, Will	Gratis	1871
Scarf, W. D	Bellefontaine.	1855
Schwab, Louis	Portsmouth	1872
Scoville, S. S	Lebanon	1859
Schueller, J. B	Columbus	1869
Scott, A. J	Loudenville	1870
Scott, Xenophen C	Cleveland	1874
Scott, W. J	Cleveland	1855
Schnetzler, H. M	Toledo	1874
Seaton, A. M	Medway	1869
Seely, W. W	Cincinnati	1871
Seeds, R. Z	Hilliard	1873
Seldon, O. G	Shanesville	1851
Seldon, Robert	Shanesville	1870
Sensaman, H	Fremont	1871
Sellers, A	Lebanon	1867
Severance, R. A	Bellevue	1874
Shepherd, W. E. W	Nelsonville	1873
Shepherd, W. W	Hillsboro	1871

NAME.	P. O. ADDRESS.	ADMITTED.
Shackelton, E. L	St. Marys	1871
Sherman, A. M	Kent	1870
Shoemaker, J. M	Napoleon	1869
Sharp, W. T	Middleburg	1853
Shouse, B. A	Antioch	1868
Shively, J W	Massillon	1858
Sinnet, E	Granville	1850
Silver, D. R	Sidney	1870
Sidwell, N. H	Wilmington	1871
Slocum, Charles	Defiance	1874
Smith, S. D	Lockington	1874
Smith, C. T	Middleport	1873
Smith, J. H	Delaware	1873
Smith, J. W	Wellington	1863
Smith, Harry	Mt. Vernon	1869
Smith, D. B	Cleveland	1870
Snodgrass, J. M	Ostrander	1871
Snyder, D. J	Scio	1850
Southard, J. M	Marysville	1860
Sparrow, T. R	Columbus	1873
Spencer, B. T	Newark	1873
Spees, S. J	Hillsboro	1863
Sprague, James	London	1866
Speece, N. V	Quincy	1870
Stein, Geo. T	Columbus	1873
Stephenson, Y	Georgetown	1872
Stephenson, J. H	Leesville	1860
Stevenson, A. G	Richmond	1856
Stark, W	Cincinnati	1871
Stevens, E. B	Syracuse, N. Y	1853
Stillwell, Thomas	Fremont	1857
Stanley, E	Sandusky	1870
Stansell, J. A	Forest	1866
Stockstill, J. W	New Carlisle	1867
Stewart, J. W	Dayton	1868
Stewart, S. H	Columbus	1869
Steeley, H. G	Sidney	1869
Stanton, Byron	Cincinnati	1871
Sweney, R. L	Marion	1859
Sykes, W. H	Plymouth	1870
Smith, W. K	Deersville	1875
Scott, Prof	Sandusky	1875
Stanley, E	Sandusky	1875

NAME.	P. O. ADDRESS.	ADMITTED.
Sauer, Mrs. P. B	Napoleon	1875
Tagert, E. Curtis	Hilliard	1871
Taylor, James L	Wheelersburg	1872
Taylor, W. H	Cincinnati	1874
Terry, C. A	Cleveland	1870
Thompson, J. C	South Bloomfield	1848
Thompson, J. B	Columbus	1846
Thompson, W. R	Vandalia	1871
Thorn, S. S	Toledo.	1873
Thorn, E	Yellow Springs	1867
Thornton, W. P	Cincinnati	1871
Thurston, R. C	Oxford.	1868
Tipton, R. H	Darbyville	1853
Tichenor, E. J	Lebanon	1869
Titus, A	Wheelersburg	1871
Treon, John	Miamisburg	1853
Turney, S. D	Circleville	1856
Tupper, C. E	Ottawa	1874
Todd, Joseph	Shreve.	1868
Underwood, A. H	London	1869
Underwood, W. J	Akron	1869
Underhill, J. W	Cincinnati	1874
Vail, D. W	New Haven	1874
Vanatta, E	Fultonham	1855
Vandervort, J. W	Harveysburg	1864
Vattier, J. L	Cincinnati	1850
Vaughters, Thomas G	Portsmouth	1872
Voorhees, S. R	Mason	1873
Waddick, J. M	Toledo.	1873
Waddle, Thomas	Toledo.	1874
Wade, D. E	Cincinnati	1854
Wagenhals, P. M	Lancaster	1869
Waggoner, Joseph	Ravenna	1870
Ward, C. S	Warren	1875
Watt, William	Kenton	1870
Wallace, J. H	Smithville	1870
Warren, Guy	Garrettsville	1870
Warren, J. A	Wheelersburg	1872
Waterman, H. C	Middleport	1868
Weber, G. C. E	Cleveland	1857
Welsh, J. W	Deersville	1873
Welsh, B. F	London	1859
Weed, Frank J	Cleveland	1870
Weaver, J. M	Wooster.	1865

NAME.	P. O. ADDRESS.	ADMITTED.
Westbrock, A. E	Ashley	1872
Wheaton, J. M	Columbus	1869
White, J. H	Delaware	1866
Whitmar, Joel E	Mount Hope	1874
Whiting, L. M	Canton	1870
Whittaker, J. T	Cincinnati	1871
Whitehead, A. M	Springfield	1873
Wilson, J. L	Greenfield	1871
Wilson, Samuel	Wooster	1854
Wilson, Albert	Sidney	1854
Wilson, W. F	Ironton	1856
Wilson, W. H	Greenfield	1865
Wilson, C. M	Miami Springs	1872
Wilson, D. C	Ironton	1872
Wise, S. P	Millersburg	1875
Willard, G. P	Tiffin	1875
Williams, A. S	Fostoria	1852
Williams, E	Cincinnati	1856
Williams, T. B	Delaware	1860
Williams, D. S	West Independence	1868
Williams, A. D	Cincinnati	1868
Williams, A. Lee	North Lewisburg	1871
Wilkins, John A	Delta	1874
Wilbur, A. M	West Unity	1874
Wirth, R	Columbus	1865
Willis, P. A	Bellepoint	1868
Willis, T. A	Bellepoint	1868
Wiggins, C. W	Big Plain	1869
Wood, D. B	Warren	1852
Wood, John R	Warren	1871
Wood, D. M	Warren	1875
Woods, J. T	Toledo	1862
Woodbridge, T	Youngstown	1870
Woodward, Charles	Cincinnati	1851
Woodward, Warren	Cincinnati	1871
Woodruff, L	Alton	1867
Wolfley, W. J	Columbus	1873
Worthington, A. T. C	Middletown	1871
Wright, M. B	Cincinnati	1852
Wylie, A. N	Ripley	1866
Wylie, J. L	Ripley	1872
West, T. J	Melmore	1875
Yates, Porter	Port Clinton	1875

HONORARY MEMBERS.

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J. C. Blackburn, M. D., Covington, Kentucky.
G. W. Boerstler,* M. D., Lancaster, Ohio.
P. Beeman, M. D., Sidney, Ohio.
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Geo. Sutton, M. D., Aurora, Indiana.
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*Deceased.